

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000005412

1. Entity Name
HEART OF WORSHIP CHURCH, INC.



Principal Place of Business Mailing Address

**14206 5TH STREET
 DADE CITY FL 33525** **32337 LAUREL CT.
 SAN ANTONIO FL 33576**



1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

45-0483950 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DISANO, MICHELLE L
 3233 LAURA CT.
 SAN ANTONIO FL 33576**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature is required when registering) DATE _____

FILE NOW - FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DISANO, ANTHONY JR.	
STREET ADDRESS	32337 LAUREL COURT	
CITY - ST - ZIP	SAN ANTONIO FL 33576	
TITLE	T	<input type="checkbox"/> Delete
NAME	DISANO, MICHELLE JR.	
STREET ADDRESS	32337 LAUREL CT.	
CITY - ST - ZIP	SAN ANTONIO FL 33576	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KIGHT, JAMES JR	
STREET ADDRESS	37914 BETH ST.	
CITY - ST - ZIP	DADE CITY FL 33525	
TITLE	S	<input type="checkbox"/> Delete
NAME	DISANO, RACHEL	
STREET ADDRESS	32337 LAUREL CT.	
CITY - ST - ZIP	SAN ANTONIO FL 33576	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

000000823306
 02/20/08-80032-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *2/10/08*