

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2003 8:00 am**  
**Secretary of State**

08-14-2003 90067 038 \*\*\*\*61.25

**DOCUMENT # N02000005412**

1. Entity Name

**HEART OF WORSHIP CHURCH, INC.**



Principal Place of Business

9926 WALLASTON DR  
DADE CITY FL 33525

Mailing Address

9926 WALLASTON DR  
DADE CITY FL 33525

2. Principal Place of Business

13831 US HWY 98-B1-PASS

Suite, Apt. #, etc.

3. Mailing Address

32337 Laurel Ct

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

Dade City FL

City & State

San Antonio FL

4. FEI Number

45-0483950

Applied For

Not Applicable

Zip

33525

Country

PASCO

Zip

33576

Country

PASCO

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

DISANO, MICHELLE L  
9926 WALLASTON DR  
DADE CITY FL 33525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**After September 10, 2003, min will be \$236.25**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	DISANO, ANTHONY JR.	9926 WALLASTON DR.	DADE CITY FL 33525	<input type="checkbox"/>
T	DISANO, MICHELLE JR.	9926 WALLASTON DR.	DADE CITY FL 33525	<input type="checkbox"/>
VP	MUSGRAVE, JERRY	35445 BLANTON RD.	DADE CITY FL 33523	<input checked="" type="checkbox"/>
S	MUSGRAVE, LORI	35445 BLANTON RD.	DADE CITY FL 33523	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Disano Anthony Jr	32337 Laurel Court	San Antonio FL 33576	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Disano, Michelle	32337 Laurel Ct	San Antonio FL 33576	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V President	Kight James JR	37914 Beth ST	DADE CITY FL 33525	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Disano Rachel Secretary	32337 Laurel Ct	SAN ANTONIO FL 33576	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED**

8/11/03 352-588-4812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (4/03)