

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000009158

FILED
Sep 11, 2003
Secretary of State

Entity Name: HEART-2-HEART OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

4795 ORLEANS CT #B
W PALM BCH, FL 33415

New Principal Place of Business:

Current Mailing Address:

4795 ORLEANS CT #B
W PALM BCH, FL 33415

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEAD, LILLIE Q
566 UDELL LN CT #B
DELRAY BCH, FL 33445 US

Name and Address of New Registered Agent:

HEAD, LILLIE Q
566 UDELL LN
DELRAY BCH, FL 33445 US

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.

SIGNATURE:

09/11/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLARK, DAVID B
Address: 4795 ORLEANS CT #B
City-St-Zip: W PALM BCH, FL 33415

Title: DV () Delete
Name: CLARK, MICHELLE A
Address: 4795 ORLEANS CT #B
City-St-Zip: W PALM BCH, FL 33415

Title: DS () Delete
Name: GLOVER, TRACI
Address: 719 59TH ST
City-St-Zip: W PALM BCH, FL 33407

Title: DT () Delete
Name: REGISTE, FRANCISA
Address: 2901 SAGINAW AVE
City-St-Zip: W PALM BCH, FL 33409

Title: D () Delete
Name: REGISTE, PHILLIP
Address: 2901 SAGINAW AVE
City-St-Zip: W PALM BCH, FL 33409

Title: D () Delete
Name: KINSEY, CHARLES L
Address: 3450 T AVE
City-St-Zip: RIVIERA BCH, FL 3

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID CLARK

PD

09/11/2003

Electronic Signature of Signing Officer or Director

Date