

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 02, 2005
Secretary of State**

DOCUMENT# N03000005752

Entity Name: HEART TO CROSS MINISTRIES, INC.

Current Principal Place of Business:

17 BUCK ROAD
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 564
DESTIN, FL 32540

New Mailing Address:

FEI Number: 02-0698347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOLLAND, CINDY T
P.O. BOX 564
DESTIN, FL 32540 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: HOLLAND, CINDY T
Address: 17 BUCK ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VP () Delete
Name: KOHLS, JUNE
Address: 2115 CLIPPER COVE
City-St-Zip: DESTIN, FL 32550

Title: TREA () Delete
Name: HOLLAND, MARCUS
Address: 17 BUCK ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: SEC () Delete
Name: HOLLAND, MARCUS
Address: 17 BUCK ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459

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:

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: CINDY T. HOLLAND

PRES

05/02/2005

Electronic Signature of Signing Officer or Director

_____ Date