2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000009444 SECRETARY OF STATE DIVISION OF CORPORATIONS A MATTER OF HEART MINISTRIES, INC. 05 MAR 14 PM 3: 53 Principal Place of Business Mailing Address 10860 NW 18 CT 10860 NW 18 CT PLANTATION, FL 33322 PLANTATION, FL 33322 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02222005 CR2E037 (10/03) Cha-NP 4. FEI Number 30 -0261648 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIXON, GLORIA W Street Address (P.O. Box Number is Not Acceptable) 10860 NW-18 CT-PLANTATION, FL 33322 City 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) 9. Election Campaign Financing Make check payable to Filing Fee Is \$61.25 \$5.00 May Be Due by May 1, 2005 Trust Fund Contribution Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. DIRECTOR Karen worther TITLE ☐ Delete TITLE DIXON, GLORIA W NAME NAME 2134 NW 974h SA STREET ADDRESS 10860 NW 18 CT STREET ADDRESS MIOUMI, FL 33147 CITY-ST-ZIP PLANTATION, FL 33322 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME WOMACK, LINDA M NAME 700047670377 03/03/05--01050--001 **60,00 STREET ADDRESS 1816 SW 11 ST #1 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33312 CITY-ST-7IP TITLE ☐ Delete TITLE ■ Addition WOMACK, DARA W NAME NAME STREET ADDRESS 5936 NW 19 CT STREET ADDRESS CITY-ST-ZIP FT-LAUDERDALE: FL-33313-CITY-ST-ZIP -TO LARGOSTOR KELLY, LYNETTEM, DIRECTIC BO TILE Delete TITLE ☐ Change Addition NAME NAME 5400 SW 25 CT STREET ADDRESS STREET ADDRESS W HOLLYWOOD, FL 33032 CITY-ST-ZIP CITY-ST-ZIP TITLE REAGUA. TITLE Channe ☐ Addition NAME NAME 411 SW 14 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-ZIP DIRECTOR TITLE TITLE ☐ Change ☐ Addition ☐ Delete ADDY Giloria Solomon NAME NAME 4357 NW W 35+ STREET ADDRESS STREET ADDRESS Plankation, FL 33317 CITY-ST-ZIP CITY-ST-ZIP 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.