

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90112 043 ****61.25

DOCUMENT # N03000009912

1. Entity Name

HEAVEN-BOUND MINISTRIES, INC.



Principal Place of Business

9064 PRESTON RD
BROOKSVILLE FL 34601

Mailing Address

9064 PRESTON RD
BROOKSVILLE FL 34601

54071658



MOORE CR2E037 (4/04)

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

77-0632129

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOREHOUSE, ROBERT REV.
16901 SE 23 AVE
SUMMERFIELD FL 34491

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
Due By September 8, 2004

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	D	<input type="checkbox"/> Delete
NAME	MOREHOUSE, ROBERT REV.	
STREET ADDRESS	16901 SE 23 AVE	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUTTRY, ADRIAN	
STREET ADDRESS	106 FAIRVIEW DR	
CITY-ST-ZIP	LEWISBURG PA 17937	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASE, PERRY REV.	
STREET ADDRESS	PO BOX 795	
CITY-ST-ZIP	PIERREPORT MANOR NY 13674	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, SHIRLEY	
STREET ADDRESS	11980 HWY 44 W	
CITY-ST-ZIP	WEST POINT KY 40177	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEFFERY, TOM REV.	
STREET ADDRESS	6800 LANDSTAR DR	
CITY-ST-ZIP	LOUISVILLE KY 40272	
TITLE	D	<input type="checkbox"/> Delete
NAME	STATEN, JAMES	
STREET ADDRESS	9126 SE 1400 RD	
CITY-ST-ZIP	MARTINSVILLE IL 62442	

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
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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	

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:

For Robert Markhouse

9-1-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #