

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000559

FILED
Feb 04, 2009
Secretary of State

Entity Name: HEART FOR THE FAMILY MINISTRIES, INCORPORATED

Current Principal Place of Business:

5511 W COLONIAL DR
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

4521 CAMBIUM CT
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 58-2683510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHAPPELLE, JAMES
4521 CAMBIUM CT
ORLANDO, FL 32818 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: D () Delete
Name: DIXON, MADELINE
Address: 1069 HIAWASSEE RD
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: MAYE, BARBARA
Address: 1023 43RD STREET
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: HILL, TONY
Address: 2025 10239 EASTMAR COMMONS
City-St-Zip: ORLANDO, FL 32825

Title: D (X) Delete
Name: CHAPPELLE, JAMES
Address: 4521 CAMBIUM CT
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHAPPELLE, JAMES H PD
Address: 4521 CAMBIUM CT
City-St-Zip: ORLANDO, FL 32818 US

Title: VPD (X) Change () Addition
Name: CHAPPELLE, BIANCA S VPD
Address: 4521 CAMBIUM CT
City-St-Zip: ORLANDO, FL 32818

Title: SD (X) Change () Addition
Name: MAYE, BARBARA D SD
Address: 2138 FIESTA CT
City-St-Zip: ORLANDO, FL 32808

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMES CHAPPELLE

PD

02/04/2009

Electronic Signature of Signing Officer or Director

Date