## 2007 NOT-FOR-PROFIT CORPORATION

## **FILED ANNUAL REPORT** Mar 01, 2007 08:00 AM **DOCUMENT # N04000007379 Secretary of State** HEAVENLY HEARTS MINISTRIES INC. Principal Place of Business Mailing Address 1571 WEST FAIRWAY RD. 1571 WEST FAIRWAY RD. PEMBROKE PINES, FL 33026 PEMBROKE PINES, FL 33026 01042007 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE 4. FEI Number 02-0728001 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEISZ, DEBRA A DO NOT WRITE 1571 WEST FAIRWAY RD. PEMBROKE PINES, FL 33026 IN THIS SPACE 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 reciptared exect and title if applicable (NOTE: Registered Agent signature required when ministrating) DATE \$5.00 May Be 9. Election Campaign Financing Filing Fee Is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2007 10. OFFICERS AND DIRECTORS THE NAME WEISZ, DEBRA A STREET ADDRESS 1571 WEST FAIRWAY RD. CITY-ST-ZIP PEMBROKE PINES, FL 33026 U0000065280**8** 12707-80033-024,70.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and the 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 us 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: \_

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

BIGHATURE AND TYPED OR PRINTED NAME OF \$10 (BHG OF

Applied For

Not Applicable