

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011953

FILED
Mar 11, 2009
Secretary of State

Entity Name: HEARTCRY FELLOWSHIP MINISTRIES, INC.

Current Principal Place of Business:

2244 E. IRLO BRONSON MEMORIAL HWY
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 700336
ST. CLOUD, FL 347700336

New Mailing Address:

2244 E. IRLO BRONSON MEMORIAL HWY
KISSIMMEE, FL 34744

FEI Number: 57-1216330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, LEONARD A
6815 OLD MELBOURNE HWY
ST. CLOUD, FL 34771 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: HARTZOG, C. DANIEL
Address: P.O. BOX 120486
City-St-Zip: CLERMONT, FL 347120486

Title: PD () Delete
Name: THOMPSON, LEONARD A
Address: 6815 OLD MELBOURNE HWY.
City-St-Zip: ST. CLOUD, FL 34771

Title: D () Delete
Name: SMITH, DONALD
Address: 405 S. LAVON ST.
City-St-Zip: KISSIMMEE, FL 347410336

Title: VP () Delete
Name: UNDERWOOD, STEVE
Address: 3522 SANCTUARY DRIVE
City-St-Zip: ST. CLOUD, FL 34769

Title: ST () Delete
Name: BUCHNER, VALERIE
Address: 826 CHAMBERLIN TRAIL
City-St-Zip: ST. CLOUD, FL 34772

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:

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: VALERIE BUCHNER

ST

03/11/2009

Electronic Signature of Signing Officer or Director

Date