

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N04000011975

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** HEALING HEARTS MINISTRIES INC.

**Current Principal Place of Business:**

10790 CHILDERS STREET  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

10790 CHILDERS STREET  
BONITA SPRINGS, FL 34135 US

**New Mailing Address:**

**FEI Number:** 20-2039865

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, MYRON S  
10790 CHILDERS STREET  
BONITA SPRINGS, FL 34135 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:** MYRON S SMITH

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** VIVONI, JOFFRE P  
**Address:** 6134 SHETLAND ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32277

**Title:** D  
**Name:** SMITH, TERILYN  
**Address:** 10790 CHILDERS STREET  
**City-St-Zip:** BONITA SPRINGS, FL 34135

**Title:** D  
**Name:** SMITH, JASON S  
**Address:** 27937 TEMPLE TERRACE  
**City-St-Zip:** BONITA SPRINGS, FL 34135

**Title:** D  
**Name:** SMITH, CHRISTOPHER A  
**Address:** 10790 CHILDERS STREET  
**City-St-Zip:** BONITA SPRINGS, FL 34135

**Title:** P  
**Name:** SMITH, MYRON S  
**Address:** 10790 CHILDERS STREET  
**City-St-Zip:** BONITA SPRINGS, FL 34135

**Title:** D  
**Name:** SMITH, ELIANE M  
**Address:** 27937 TEMPLE TERRACE  
**City-St-Zip:** BONITA SPRINGS, FL 34135

I hereby 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 all other like empowered.

**SIGNATURE:** TERILYN SMITH

D

04/20/2011

Electronic Signature of Signing Officer or Director

Date