

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

05-04-2005 90117 020 ****61.25

DOCUMENT # N04000012100
 1. Entity Name
HEAVEN'S GARDEN MINISTRIES, INC.



Principal Place of Business
**629 SOUTH RIDGEWOOD AVENUE
 DAYTONA BEACH, FL 32114**

Mailing Address
**629 SOUTH RIDGEWOOD AVENUE
 DAYTONA BEACH, FL 32114**

66021191



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02222005 Chg-NP CR2E037 (10/03)

City & State

City & State

Zip **32114** Country **USA**

Zip Country

4. FEI Number
20-2025751

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**BOWERS, AIDA
 629 SOUTH RIDGEWOOD AVENUE
 DAYTONA BEACH, FL 32114**

7. Name and Address of New Registered Agent
 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 *Aida Rosa Bowers* DATE *4-27-05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25
 Due by May 1, 2005**

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 P	<input type="checkbox"/> Delete
NAME BOWERS, AIDA	
STREET ADDRESS 822 STATE AVENUE	
CITY-ST-ZIP HOLLY HILL, FL 32117	
TITLE D	<input type="checkbox"/> Delete
NAME HOLTMEYER, KELLY	
STREET ADDRESS 2429 SOUTH PENINSULA	
CITY-ST-ZIP DAYTONA BEACH, FL 32118	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME JOHNSON, ROBERT	
STREET ADDRESS 160 IRON GATE CIRCLE	
CITY-ST-ZIP PORT ORANGE, FL 32129	
TITLE D	<input type="checkbox"/> Delete
NAME NELSON, MARK	
STREET ADDRESS 401 SOUTH MONROE STREET	
CITY-ST-ZIP TALLAHASSEE, FL 32301	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME THOMPSON, MICHELLE	
STREET ADDRESS 18 FERN MEADOW LANE	
CITY-ST-ZIP ORMOND BEACH, FL 32174	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME TOLLESON, KATHY	
STREET ADDRESS 211 BAY STREET	
CITY-ST-ZIP DAYTONA BEACH, FL 32114	

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
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)(j), 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: *Aida Rosa Bowers* DATE *4-27-05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR