

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# N04000012100

Entity Name: HEAVEN'S GARDEN MINISTRIES, INC.

Current Principal Place of Business:

202 W. PENNSYLVANIA AVENUE
BONIFAY, FL 32425

New Principal Place of Business:

4333 DOUGLAS FERRY ROAD
CARYVILLE, FL 32427

Current Mailing Address:

PO BOX 516
BONIFAY, FL 32425

New Mailing Address:

FEI Number: 20-2025751 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPINA, AIDA
4333 DOUGLAS FERRY RD
CARYVILLE, FL 32427 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: SPINA, AIDA
Address: 4333 DOUGLAS FERRY RD.
City-St-Zip: CARYVILLE, FL 32427

Title: D () Delete
Name: HOLTMEYER, KELLY
Address: 2429 SOUTH PENINSULA
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D () Delete
Name: NELSON, MARK
Address: 401 SOUTH MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: SPINA, NICK J
Address: 4333 DOUGLAS FERRY RD
City-St-Zip: CARYVILLE, FL 32427

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SPINA, AIDA
Address: 4333 DOUGLAS FERRY RD.
City-St-Zip: CARYVILLE, FL 32427

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: AIDA SPINA

DP

04/23/2008

Electronic Signature of Signing Officer or Director

_____ Date