

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90041 001 ****61.25

DOCUMENT # N05000000035

1. Entity Name

BOB HEIER MINISTRIES, INC.



Principal Place of Business

**702 W. 85TH ST.
LEHIGH ACRES FL 33936**

Mailing Address

**P.O. BOX 1960
LEHIGH ACRES FL 33970**

2. Principal Place of Business - No P.O. Box #

702 W 85 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEHIGH ACRES, FL

City & State

Zip

Country

33972

LEE

Zip

Country

4. FEI Number

56-2498462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

**HEIER, ROBERT
4115 12TH ST W
LEHIGH ACRES FL 33971**

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

Robert Heier **Robert Heier**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-08

FILE NOW: FEE IS \$61.25

Due By May 1, 2008

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 ☐ Delete
NAME **D**
STREET ADDRESS **HEIER, ROBERT**
CITY- ST- ZIP **702 W. 8TH ST.
LEHIGH ACRES FL ~~33936~~ 33972**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HEIER, SALLY**
CITY- ST- ZIP **702 W. 8TH ST.
LEHIGH ACRES FL ~~33936~~ 33972**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SUMASKY, HEIDI**
CITY- ST- ZIP **914 GREENSWOOD AVE.
LEHIGH ACRES FL 33972**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Robert Heier **Robert Heier**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-08

239-368-2311