


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90076 021 ****66.25

| | |
|---|---|
| DOCUMENT # N05000004669 |  |
| 1. Entity Name HURTING HEARTS OUTREACH MINISTRIES, INC. | |

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| Principal Place of Business 2222 WEST BOBE STREET PENSACOLA FL 32501 | Mailing Address 2222 WEST BOBE STREET PENSACOLA FL 32501 |
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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E037 (10/06)

| | |
|------------------------------------|--|
| 4. FEI Number 82-0151297 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|--|--|
| 6. Name and Address of Current Registered Agent HANNAH, MARGARET 1318 WING FOOT WAY PENSACOLA FL 32503 | |
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|--|----------|
| 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 _____ | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|-----------------|--|------------|

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|--|--|------------------------------------|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | |
|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete |
| P MINNS, BERNICE 8630 STOCKDALE AVE PENSACOLA FL 32514 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete |
| TT HANNAH, MARGARET 1318 WINGFOOT WAY PENSACOLA FL 32505 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete |
| V HANNAH, MARGARET 1318 WINGFOOT WAY PENSACOLA FL 32505 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete |
| S DIAL, VICTORIA 8630 STOCKDALE AVE PENSACOLA FL 32514 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete |
| | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete |
| | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | |

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.

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|-----------------------------------|----------------------|-----------------|
| SIGNATURE: <i>Margaret Hannah</i> | Date: <i>2-15-07</i> | Daytime Phone # |
|-----------------------------------|----------------------|-----------------|