

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

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90034 033 \*\*\*\*70.00

**DOCUMENT # N06000005628**

1. Entity Name

CROSS MY HEART MINISTRIES, INC.



Principal Place of Business

901 S PERSIMMON AVE  
SANFORD FL 32771

Mailing Address

901 S PERSIMMON AVE  
SANFORD FL 32771

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

4. FEI Number

42-1706389

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HORNE, CHARLES EDWARD  
901 S PERSIMMON AVE  
SANFORD FL 32771

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

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

(NOTE: Registered Agent signature required when nonattesting)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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	HORNE, CHARLES EDWARD	
STREET ADDRESS	901 S PERSIMMON AVE	
CITY-STATE-ZIP	SANFORD FL 32771	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HORNE, VERDELL PUGH	
STREET ADDRESS	901 S PERSIMMON AVE	
CITY-STATE-ZIP	SANFORD FL 32771	
TITLE	S	<input type="checkbox"/> Delete
NAME	HORNE, ROSE MARIE	
STREET ADDRESS	225 YALE DRIVE	
CITY-STATE-ZIP	SANFORD FL 32771	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKSHIRE, CELIA ANN	
STREET ADDRESS	502 PEACHTREE LN	
CITY-STATE-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	T	<input type="checkbox"/> Delete
NAME	HORNE, ROLANDA T	
STREET ADDRESS	4354 KIRKLAND BLVD	
CITY-STATE-ZIP	ORLANDO FL 32802	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORNE, CHAZ DELRON	
STREET ADDRESS	4654 KIRKLAND BLVD	
CITY-STATE-ZIP	ORLANDO FL 32802	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-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: *Charles E Horne* - CHARLES E HORNE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 14, 2007 407-323-7069

Date

Daytime Phone #