

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005628

FILED
Apr 30, 2008
Secretary of State

Entity Name: CROSS MY HEART MINISTRIES, INC.

Current Principal Place of Business:

901 S PERSIMMON AVE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

901 S PERSIMMON AVE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 42-1706389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HORNE, CHARLES EDWARD
901 S PERSIMMON AVE
SANFORD, FL 32771 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: P () Delete
Name: HORNE, CHARLES EDWARD
Address: 901 S PERSIMMON AVE
City-St-Zip: SANFORD, FL 32771

Title: VP () Delete
Name: HORNE, VERDELL PUGH
Address: 901 S PERSIMMON AVE
City-St-Zip: SANFORD, FL 32771

Title: S () Delete
Name: HORNE, ROSE MARIE
Address: 225 YALE DRIVE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: BROOKSHIRE, CELIA ANN
Address: 502 PEACHTREE LN
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: T () Delete
Name: HORNE, ROLANDA T
Address: 4354 KIRKLAND BLVD
City-St-Zip: ORLANDO, FL 32802

Title: D () Delete
Name: HORNE, CHAZ DELRON
Address: 4654 KIRKLAND BLVD
City-St-Zip: ORLANDO, FL 32802

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HORNE, CHAZ DELEON
Address: 4654 KIRKLAND BLVD
City-St-Zip: ORLANDO, FL 32802

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: CHARLES E. HORNE

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date