2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2010
Secretary of State

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Entity Name: LOYAL HEART MINISTRIES, INC.

Current Principal Place of Business:

P. O. BOX 7845
JACKSONVILLE, FL 322387845

New Principal Place of Business:

5686 ALAMOSA CIRCLE
JACKSONVILLE, FL 32258

Current Mailing Address:

P. O. BOX 7845
JACKSONVILLE, FL 322387845

New Mailing Address:

P. O. BOX 7845
JACKSONVILLE, FL 322387845 US

FEI Number: 20-5304374 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMYRL, JAMES L DR.
5686 ALAMOSA CR
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

SMYRL, JAMES L DR.
5686 ALAMOSA CIRCLE
JACKSONVILLE, FL 32258 US

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: JAMES L. SMYRL 04/28/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SMYRL, JAMES L
Address: 5686 ALAMOSA CIRCLE
City-St-Zip: JACKSONVILLE, FL 32258

Title: PD
Name: CARROLL, GREG
Address: 11166 WOODELM DRIVE, EAST
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD
Name: JOHNSON, SUSAN T
Address: 1554 MOUNTAIN LAKE DRIVE, WEST
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: TD
Name: VANZANT, MARTHA B
Address: 4317 SPOON HOLLOW LANE
City-St-Zip: JACKSONVILLE, FL 32217

I hereby 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 all other like empowered.

SIGNATURE: JAMES L. SMYRL PD 04/28/2010
Electronic Signature of Signing Officer or Director Date