

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004544

FILED  
Sep 15, 2009  
Secretary of State

**Entity Name:** HEART TO HEART CHRISTIAN MINISTRIES, INC.

**Current Principal Place of Business:**

1012 SOUTH 8TH STREET  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

5824 NW BECKHAM COURT  
PORT SAINT LUCIE, FL 34986

**Current Mailing Address:**

1012 SOUTH 8TH STREET  
FORT PIERCE, FL 34950

**New Mailing Address:**

5824 NW BECKHAM COURT  
PORT SAINT LUCIE, FL 34986

**FEI Number:** 71-1030728      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

THOMPSON, DAVID S DR.  
1012 SOUTH 8TH STREET  
FORT PIERCE, FL 34950      US

**Name and Address of New Registered Agent:**

THOMPSON, DAVID S DR.  
5824 NW BECKHAM COURT  
PORT SAINT LUCIE, FL 34986      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: \_\_\_\_\_

09/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: THOMPSON, DAVID S  
Address: 1012 SOUTH 8TH STREET  
City-St-Zip: FORT PIERCE, FL 34950

Title: D      ( ) Delete  
Name: BARNES, MARGO  
Address: 4040 SUNRISE BOULEVARD  
City-St-Zip: FT. PIERCE, FL 34982

Title: D      ( ) Delete  
Name: THOMPSON, DEBRA  
Address: 1012 SOUTH 8TH STREET  
City-St-Zip: FT. PIERCE, FL 34949

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: THOMPSON, DAVID S DR.  
Address: 5824 NW BECKHAM COURT  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

Title: D      (X) Change ( ) Addition  
Name: THOMPSON, DEBRA  
Address: 5824 NW BECKHAM COURT  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: DEBRA THOMPSON

D

09/15/2009

Electronic Signature of Signing Officer or Director

Date