2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# N07000011690

Entity Name: WILD AT HEART ADVENTURE MINISTRIES, INC.

Current Principal Place of Business:

4335 PALM FOREST DRIVE NORTH
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

PO BOX 1464
BOCA RATON, FL 33429

New Mailing Address:

FEI Number: 26-1383062 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUMMERS, JOHN H
4335 PALM FOREST DRIVE NORTH
DELRAY BEACH, FL 33445 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:	DP	( ) Delete
Name:	SUMMERS, JOHN H	
Address:	4335 PALM FOREST DRIVE NORTH	
City-St-Zip:	DELRAY BEACH, FL 33445	
Title:	DV	( ) Delete
Name:	SUMMERS, MELISSA	
Address:	4335 PALM FOREST DRIVE NORTH	
City-St-Zip:	DELRAY BEACH, FL 33445	
Title:	D	( ) Delete
Name:	CARNRICK, PAUL	
Address:	5014 BLUE HERON WAY	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	D	( ) Delete
Name:	SPAHR, BOB	
Address:	4225 TRANQUILITY DRIVE	
City-St-Zip:	HIGHLAND BEACH, FL 33487	
Title:	D	( ) Delete
Name:	RIVERS, MICHAEL	
Address:	21427 PAGOSA COURT	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	D	( ) Delete
Name:	CHILDS, DON	
Address:	101350 S 182ND COURT	
City-St-Zip:	BOCA RATON, FL 33498	

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

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: JOHN H. SUMMERS DP 01/30/2009

Electronic Signature of Signing Officer or Director — Date