

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001358

FILED
Apr 16, 2009
Secretary of State

Entity Name: THE FATHER'S HEART MINISTRIES, INC.

Current Principal Place of Business:

2865 PACES FERRY RD W
ORANGE PARK, FL 320736548

New Principal Place of Business:

Current Mailing Address:

2865 PACES FERRY RD W
ORANGE PARK, FL 320736548

New Mailing Address:

FEI Number: 26-2046990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOWD, JOHN N JR
2865 PACES FERRY RD W
ORANGE PARK, FL 320736548 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: DPT () Delete
Name: DOWD, JOHN N
Address: 2865 PACES FERRY RD W
City-St-Zip: ORANGE PARK, FL 320736548

Title: DV () Delete
Name: DOWD, SHARI B
Address: 2865 PACES FERRY RD W
City-St-Zip: ORANGE PARK, FL 320736548

Title: DS () Delete
Name: HAND, RODNEY S
Address: 1502 WILLOW SWAMP RD
City-St-Zip: NORWAY, SC 291139581

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: HAND, RODNEY S
Address: 782 STACEY BRIDGE RD
City-St-Zip: ORANGEBURG, SC 29118

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 N DOWD JR

DPT

04/16/2009

Electronic Signature of Signing Officer or Director

Date