

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002146

FILED
Jan 30, 2009
Secretary of State

Entity Name: HEART OF MAN MINISTRIES, INC.

Current Principal Place of Business:

2959 APALACHEE PKWY
B26
TALLAHASSEE, FL 32301

New Principal Place of Business:

1308 W. ALSOBROOK ST.
PLANT CITY, FL 33563

Current Mailing Address:

PO BOX 6312
TALLAHASSEE, FL 32301

New Mailing Address:

PO BOX 6312
TALLAHASSEE, FL 32314

FEI Number: 74-3253145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARGROVE, CHAKITA S
2959 APALACHEE PKWY
B26
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

HARGROVE, CHAKITA S
1308 W. ALSOBROOK ST.
PLANT CITY, FL 33563 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:

01/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARGROVE, CHAKITA S
Address: PO BOX 6312
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: VP () Delete
Name: HARPER, ELLENAR
Address: 1747 CAPITAL CIRCLE NE APT. 208
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: SEC () Delete
Name: HARRELL, ALEGRA N
Address: 2001 BELLEVUE WAY APT. 14
City-St-Zip: TALLAHASSEE, FL 32304 US

Title: TREA () Delete
Name: HARRELL, ALEGRA N
Address: 2001 BELLEVUE WAY APT. 14
City-St-Zip: TALLAHASSEE, FL 32304 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HARGROVE, CHAKITA S
Address: PO BOX 6312
City-St-Zip: TALLAHASSEE, FL 32314 US

Title: VP (X) Change () Addition
Name: HARPER, ELLENAR
Address: 1900 CENTRE POINTE BLVD APT.256
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: SEC (X) Change () Addition
Name: HARRELL, ALEGRA N
Address: 2030 BELLEVUE WAY APT. 61
City-St-Zip: TALLAHASSEE, FL 32304 US

Title: TREA (X) Change () Addition
Name: HARRELL, ALEGRA N
Address: 2030 BELLEVUE WAY APT. 61
City-St-Zip: TALLAHASSEE, FL 32304 US

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: CHAKITA S HARGROVE

P

01/30/2009

Electronic Signature of Signing Officer or Director

Date