

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006841

FILED  
May 31, 2009  
Secretary of State

**Entity Name:** FATHER'S HEART INTERNATIONAL MINISTRY, INC.

**Current Principal Place of Business:**

6050 GOODMAN RD.  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

6050 GOODMAN RD.  
JACKSONVILLE, FL 32244

**New Mailing Address:**

**FEI Number:** 11-3842059      **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:**

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

ROLLAND, JULIA H  
6050 GOODMAN RD.  
JACKSONVILLE, FL 32244      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: ROLLAND, JULIA H  
Address: 6050 GOODMAN RD.  
City-St-Zip: JACKSONVILLE, FL 32244

Title: D      ( ) Delete  
Name: ROLLAND, REBECCA  
Address: 5412 BRISTOL BAY LANE S.  
City-St-Zip: JACKSONVILLE, FL 32244

Title: D      ( ) Delete  
Name: ROLLAND, JAMES  
Address: 5412 BRISTOL BAY LANE S.  
City-St-Zip: JACKSONVILLE, FL 32244

Title: D      ( ) Delete  
Name: KISSLING, BARBARA  
Address: 16 STEEPLEBUSH RD.  
City-St-Zip: ESSEX, VT 05452

Title: D      ( ) Delete  
Name: REICH, SHEILA  
Address: 27637 DETROIT RD., #A5  
City-St-Zip: WESTLAKE, OH 44145

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: D      (X) Change ( ) Addition  
Name: ROLLAND, JULIA H  
Address: 6050 GOODMAN RD.  
City-St-Zip: JACKSONVILLE, FL 32244

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: D      (X) Change ( ) Addition  
Name: REICH, SHEILA  
Address: 3648 ROCKY RIVER DR #508-C  
City-St-Zip: CLEVELAND, OH 44111

Title: D      ( ) Change (X) Addition  
Name: ALLEN, CONNIE  
Address: 8378 OLD ENGLISH DR  
City-St-Zip: JACKSONVILLE, FL 32244

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: JULIA H ROLLAND

D

05/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date