

5-2297 B-7646 C
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FILED
 May 22 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22990 (8)

1. Corporation Name
HART MINISTRIES, INC.



Principal Place of Business 11720 US 19 NORTH SUITE 17 PORT RICHEY FL 34668 US	Mailing Address 11211-3 DOLLAR LAKE DRIVE PORT RICHEY FL 34668-1904 09
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3. Date Incorporated or Qualified 10/13/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2725065	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

9. Name and Address of Current Registered Agent

**HART, ELEANORE H.
 11211-3 DOLLAR LAKE DRIVE
 PORT RICHEY FL 34668**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HART, ELEANORE H.	1.2 NAME	HART, J. DAVID
STREET ADDRESS	11211-3 DOLLAR LAKE DRIVE	1.3 STREET ADDRESS	12315 LITTLE ROAD #53
CITY - ST - ZIP	PORT RICHEY FL	1.4 CITY - ST - ZIP	HUDSON, FL 34667
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, JOHN M.	2.2 NAME	
STREET ADDRESS	11211-3 DOLLAR LAKE DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PORT RICHEY FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADFORD, G. CURTIS	3.2 NAME	
STREET ADDRESS	10925 TARPON SPRINGS RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ODESSA FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYKO, RICHARD	4.2 NAME	
STREET ADDRESS	11720 US 19 NORTH STE 6	4.3 STREET ADDRESS	
CITY - ST - ZIP	PORT RICHEY FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, ROBERT	5.2 NAME	
STREET ADDRESS	7841 OSTEEN ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARK, TIMOTHY	6.2 NAME	
STREET ADDRESS	8202 AUTUMN LANE	6.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ELEANORE H. HART Registered Agent 5/17/97 (813) 861-2700

CR2E037 (9/96)