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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

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified
10/13/1987

3a. Date of Last Report
05/01/1996

4. FEI Number

59-2725865

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE

NAME HART, ELEANORE H.
STREET ADDRESS 11211-3 DOLLAR LAKE DRIVE
CITY-ST-ZIP PORT RICHEY FL

TITLE D DELETE

NAME HART, JOHN M.
STREET ADDRESS 11211-3 DOLLAR LAKE DRIVE
CITY-ST-ZIP PORT RICHEY F

TITLE D DELETE

NAME BRADFORD, G. CURTIS
STREET ADDRESS 10925 TARPON SPRINGS RD.
CITY-ST-ZIP ODESSA FL

TITLE D DELETE

NAME BOYKO, RICHARD
STREET ADDRESS 11720 US 19 NORTH STE 6
CITY-ST-ZIP PORT RICHEY FL

TITLE D DELETE

NAME MITCHELL, ROBERT
STREET ADDRESS 7841 OSTEEN ROAD
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE D DELETE

NAME PARK, TIMOTHY
STREET ADDRESS 8202 AUTUMN LANE
CITY-ST-ZIP NEW PORT RICHEY FL

1.1 TITLE D Change Addition

1.2 NAME HART, J. DAVID
1.3 STREET ADDRESS 12315 LITTLE ROAD #53
1.4 CITY-ST-ZIP HUDSON, FL 34667

2.1 TITLE Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
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 5/17/97 861-2700 (813)

CR2E037 (9/96)