

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

11720 US 19 NORTH
SUITE 17
PORT RICHEY FL 34668
US

11211-3 DOLLAR LAKE DRIVE
PORT RICHEY FL 34668
09

3. Date Incorporated or Qualified

10/13/1987

4. FEI Number

59-2725865

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

11720 US 19 NORTH

27

Suite, Apt. #, etc.

28

CITY & STATE

29

PORT RICHEY, FL

30

Zip

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

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

ELEANORE H. HART

82

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

11720 US 19 NORTH

83

Suite, Apt. #, etc.

SUITE 17

84

City

PORT RICHEY

FL

85

Zip Code

34668

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

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 FL

TITLE D ☒ DELETE

NAME BRADFORD, G. CURTIS
STREET ADDRESS 10025 TARPON SPRINGS RD.
CITY-ST-ZIP ODESSA FL

TITLE D ☒ DELETE

NAME BOYKO, RICHARD
STREET ADDRESS 11720 US 19 NORTH STE 8
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, SECRETARY ☐ Change ☒ Addition

1.2 NAME J. DAVID HART
1.3 STREET ADDRESS 11720 US 19 NORTH, SUITE 17
1.4 CITY-ST-ZIP PORT RICHEY, FL 34668

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME ANDREW ROSE
2.3 STREET ADDRESS 11720 US 19 NORTH, SUITE 17
2.4 CITY-ST-ZIP PORT RICHEY, FL 34668

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME MEL ANGELL
3.3 STREET ADDRESS 11720 US 19 NORTH, SUITE 17
3.4 CITY-ST-ZIP PORT RICHEY, FL 34668

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME RUBY LACOUR
4.3 STREET ADDRESS 11720 US 19 NORTH, SUITE 17
4.4 CITY-ST-ZIP PORT RICHEY, FL 34668

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME MARY ELLEN CAMP
5.3 STREET ADDRESS 11720 US 19 NORTH, SUITE 17
5.4 CITY-ST-ZIP PORT RICHEY, FL 34668

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME DEE-DEE STIVERSON
6.3 STREET ADDRESS 11720 US 19 NORTH, SUITE 17
6.4 CITY-ST-ZIP PORT RICHEY, FL 34668

14. I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-98

Date

(727) 861-2700

Home Phone #

CR2E037 (5/98)

MISSION OUTREACH CHURCH

11720 U.S. 19 N • Port Richey, FL 34668 • (813) 861-2700
www.missionoutreach.org

Addition to Officers and Directors in 12

Wilford Sheldon
11720 US 19 North
Port Richey, FL 34668

Ecklis LaCour
11720 US 19 North
Port Richey, FL 34668