


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90145 036 *****70.50

DOCUMENT # N44280 1. Entity Name HEART TO HONDURAS, INC.	
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Principal Place of Business 1180 WESLEY AVENUE XENIA OH 45385	Mailing Address P.O. BOX 38 XENIA OH 45337
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARRETT, GORDON 1173 MISTYGATE DRIVE FAIRBORN OH 45324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBIN WOOD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1404 N.W. 170 STREET EDMOND, OK 73003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD USHER, JIM 800 TEN BOOM LANE XENIA OH 45385 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JENNIFER WHITE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2308 ABINGTON RD. UPPER ARLINGTON, OH 43221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRCH, STEVE 228 AVAWAM DR RICHMOND KY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAUL KEGLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 123 GEORGINA AVE #2 SANTA MONICA, CA 90402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUBBS, JERRY 1709 EAST 1ST STREET ANDERSON IN 46012-3107 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BIRCH, STEVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2121 HUME RD LEXINGTON KY 40516
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LILLY, LARRY 2641 ALLISTON CT COLUMBUS OH 43210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARDATZKE, SCOTT 2752 N. NORTHSORE COURT WICHITA KS 67205-1072 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jim Usher 4/29/05 937-372-3503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #