

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am -
Secretary of State

05-09-2006 90072 038 ****61.25

DOCUMENT # N94000006290

1. Entity Name

**HEART MISSIONARY TRAINING INSTITUTE,
INCORPORATED**



Principal Place of Business

**13895 HWY 27
LAKE WALES FL 33859**

Mailing Address

**13895 HWY 27
LAKE WALES FL 33859**

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 (10/05)

4. FEI Number

59-3279263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTOX, JOSEPH E.

**~~US HWY 27~~ 13895 Hwy 27
LAKE WALES FL 33859**

Name

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

13895 Hwy 27

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: C/D
NAME: BURKE, GREG ☐ Delete
STREET ADDRESS: 3212 KINGS RIDGE TERRACE
CITY- ST- ZIP: DELTONA FL 32771

TITLE: D ☐ Delete
NAME: YOUNG, PEGGY
STREET ADDRESS: 4728 FLEATWOOD STREET
CITY- ST- ZIP: LAKE WALES FL 33859

TITLE: P ☐ Delete
NAME: JOSEPH E. MATTOX
STREET ADDRESS: 5301 HWY 27 S.
CITY- ST- ZIP: LAKE WALES FL

TITLE: D ☐ Delete
NAME: JOYNER, ED
STREET ADDRESS: 815 N. LAKEVIEW DR
CITY- ST- ZIP: DEFUNIAK SPRINGS FL 32433

TITLE: DVC ☒ Delete
NAME: OESCH-MINOR, DEBRA
STREET ADDRESS: 13895 US 27
CITY- ST- ZIP: LAKE WALES FL 33859

TITLE: D /ST ☐ Delete
NAME: CLAY, EILEEN
STREET ADDRESS: 4326 HEARTROW DRIVE
CITY- ST- ZIP: ANDERSON IN 46013

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: VC/D ☐ Change ☒ Addition
NAME: Satterlee, BRIAN
STREET ADDRESS: 114 Stillhouse Run
CITY- ST- ZIP: Lynchburg, VA 24503

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 it 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:

Joseph E. Mattox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph E. Mattox 3/20/06 (843) 638-1188
Date Daytime Phone #