2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State
04-18-2007 90173 009 ****61.25

DOCUMENT # N94000006290

1. Entity Name
HEART MISSIONARY TRAINING INSTITUTE, INCORPORATED

Principal Place of Business	Mailing Address
13895 HWY 27 LAKE WALES, FL 33859	13895 HWY 27 LAKE WALES, FL 33859

02212007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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 13895 HWY 27 LAKE WALES, FL 33859	Name Street Address (P.O. Box Number is Not Acceptable) 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

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~CEO~~ BURKE, GREG ~~3212 KINGS RIDGE TERRACE~~ ~~DELTONA, FL 32771~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Burke, Greg 3945 Hiram Lithian Springs Rd. Powder Springs, GA 30127	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOUNG, PEGGY 4728 FLEATWOOD STREET LAKE WALES, FL 33859	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC|D Reames, J. David 1730 S. Ridgewood Ave. South Daytona, FL 32119	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOSEPH E. MATTOX ~~5301 HWY 27 S.~~ ~~LAKE WALES, FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Mattox, Joseph E. 13895 Hwy 27 Lake Wales, FL 33859	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOYNER, ED 815 N. LAKEVIEW DR DEFUNIAK SPRINGS, FL 32433	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Fasel, Terry 427 Tower View Drive Lake Wales, FL 33853	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VCD~~ SATTERLEE, BRIAN 114 STILLHOUSE RUN LYNCHBURG, VA 24503	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C|D Satterlee, Brian 114 Stillhouse Run Lynchburg, VA 24503	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ CLAY, EILEEN ~~4326 HEARTROW DRIVE~~ ~~ANDERSON, IN 46013~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST|D Clay, Eileen 13845 Hwy 27 Lake Wales, FL 33859	☑ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: Joseph E. Mattox 4/12/07 (863)638-1188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #