2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2011
Secretary of State

DOCUMENT# N94000006290

Entity Name: HEART MISSIONARY TRAINING INSTITUTE, INCORPORATED

Current Principal Place of Business:

13895 HWY 27
LAKE WALES, FL 33859

New Principal Place of Business:

Current Mailing Address:

13895 HWY 27
LAKE WALES, FL 33859

New Mailing Address:

FEI Number: 59-3279263 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MURPHY, PHILLIP N
13895 HWY 27
LAKE WALES, FL 33859 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DIR
Name: STEPHEN, KANE
Address: 516 LORRAINE CIRCLE
City-St-Zip: LAKE WALES, FL 33853

Title: CH/D
Name: REAMES, DAVID J DR.
Address: 132 STONEY BROOK DRIVE
City-St-Zip: EATON, OH 45320

Title: PRES
Name: MURPHY, PHILLIP N
Address: 2404 HUGGINS ROAD
City-St-Zip: LAKE WALES, FL 33898

Title: DIR
Name: FASAL, TERRY DR.
Address: 427 TOWER VIEW DRIVE
City-St-Zip: LAKE WALES, FL 33853

Title: VC/D
Name: MAHONEY, MICHAEL
Address: 1709 CHAMPAGNE RD.
City-St-Zip: DAVENPORT, FL 33837

Title: ST/D
Name: WOOSLEY, RACHAEL REV.
Address: 3840 W. DUBLIN STREET
City-St-Zip: CHANDLER, AZ 85226

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PHILLIP N. MURPHY PRES 03/04/2011
Electronic Signature of Signing Officer or Director Date