## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9400006290

FILED Jan 24, 2012 Secretary of State

Entity Name: HEART MISSIONARY TRAINING INSTITUTE, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

13895 HWY 27

LAKE WALES, FL 33859

Current Mailing Address: New Mailing Address:

13895 HWY 27

LAKE WALES, FL 33859

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MURPHY, PHILLIP N 13895 HWY 27

LAKE WALES, FL 33859 US

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 NEAL MURPHY PRES 01/24/2012