
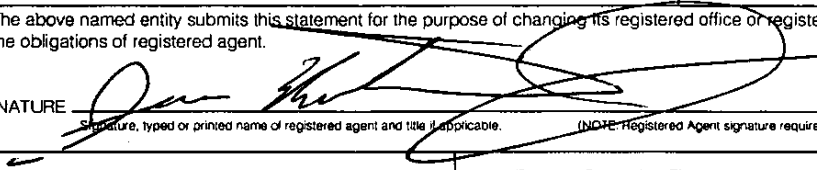


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

05-29-2007 90041 008 \*\*\*\*61.25

<b>DOCUMENT # N95000000182</b> 1. Entity Name <b>HEARTSONG CHURCH, INC.</b>					
Principal Place of Business <b>4208 N FLORIDA AVE TAMPA, FL 33603</b>			Mailing Address <b>4208 N FLORIDA AVE TAMPA, FL 33603</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3304426</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GRANTHAM, AUBREY L 4910 N. 16TH ST. TAMPA, FL 33610</b>				7. Name and Address of New Registered Agent Name <b>Jesse Washington Jr</b> Street Address (P.O. Box Number is Not Acceptable) <b>9105 Woodcutter Court</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33647</b>	
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					
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be Added to Fees</b>			<b>Make check payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRANTHAM, AUBREY L <input checked="" type="checkbox"/> Delete 4910 N. 16TH ST. TAMPA, FL 33610				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WASHINGTON, JESSE <input type="checkbox"/> Delete 5624 SAILFISH DR LUTZ, FL 33558				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PURVIS, DENTA <input checked="" type="checkbox"/> Delete 308 WALVA ST TAMPA, FL 33603				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROLLINS, DAWN <input checked="" type="checkbox"/> Delete 5624 SAILFISH DR LUTZ, FL 33558				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit PD Jesse Washington 9105 Woodcutter Court Tampa FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit VPD Antonio Emperador 14533 Seaford Circle Unit 201 Tampa FL 33613				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit SD Dawn Washington 9105 Woodcutter Court Tampa FL 33647				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit				

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 changed, or on an attachment with an address, with all other like empowered.