2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001011

Entity Name: OPEN HEART MINISTRIES, INC

FILED May 03, 2009 Secretary of State

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
	ITH TERRACE D BEACH, FL 33442 US			
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
	ITH TERRACE D BEACH, FL 33442 US			
FEI Number:	FEI Number Applied For() FEI ce with s. 607.193(2)(b), F.S., the corporation did not rece	I Number Not Applicable (X) vive the prior notice.	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
342 S.W. 3	CARTER P 34TH TERRACE D BEACH, FL 33442 US			
	named entity submits this statement for the purpose of Florida.	se of changing its register	ed office or registered agent, or both,	
SIGNATUR				
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () Delete POWELL, ENA 4806 NW 14TH STREET COCONUT CREEK, FL 33063	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete POWELL, CARTER P 4806 NW 14TH STREET COCONUT CREEK, FL 33063	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete ADAMS, MAE 321 PENNSYLVANIA FORT LAUDERDALE, FL 33312	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete REYNOLDS, MR WINSTON 4181 S.W. ALICE ST PORT ST LUCIE, FL 34953	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete FOREMAN, LEONARD 6227 N.W. 53RD CIR CORAL SPRING, FL 33067	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (X) Delete FOREMAN, LEONARD M R. 6227 NW 53RD CIRCLE CORAL SPRINGS, FL 33067	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CARTER P POWELL D 05/03/2009