

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004353

FILED
Jun 05, 2008
Secretary of State

Entity Name: ONE HEART MINISTRY INC.

Current Principal Place of Business:

860 NW 49TH WAY
COCONUT CREEK, FL 33063

New Principal Place of Business:

Current Mailing Address:

860 NW 49TH WAY
COCONUT CREEK, FL 33063

New Mailing Address:

FEI Number: 65-0628138 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

YOUNG, WILLIAM P
860 NW 49TH WAY
COCONUT CREEK, FL 33063 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: PDT () Delete
Name: YOUNG, WILLIAM P
Address: 860 NW 49TH WAY
City-St-Zip: COCONUT CREEK, FL 33063

Title: VD () Delete
Name: ROY, MATHEW S
Address: 7007 NW 39TH COURT
City-St-Zip: CORAL SPRINGS, FL 33063

Title: D () Delete
Name: TROMBLY, PATRICK D
Address: 3845 COCOPULM CIRCLE
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: BAILEY, JOSEPH S
Address: 5002 NW 51ST STREET
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM P YOUNG

PDT

06/05/2008

Electronic Signature of Signing Officer or Director

Date