

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morlham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N95006004962**

1. Corporation Name

**Heart Ministries, Inc.**

Principal Place of Business

**13626 Greenfield Dr. #302  
Tampa, FL 33624-4430**

Mailing Address

**P.O. Box 270356  
Tampa, FL 33688-0356**

3. Date Incorporated or Qualified  
**10/19/95**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **13626 Greenfield Dr.**

26 **P.O. Box 270356**

4. FEI Number

**59-3339848**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#302**

27

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

23 **Tampa, FL**

28 **Tampa, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

24 **33624-4430**

25 **U.S.A.**

29 **33688-0356**

30 **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Patricia B. Nemeth  
13626 Greenfield Dr. #302  
Tampa, FL 33624-4430**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P/S** ☐ DELETE  
NAME **Patricia B. Nemeth T**  
STREET ADDRESS **13626 Greenfield Dr. #302**  
CITY - ST - ZIP **Tampa, FL 33624-4430**

TITLE **VP** ☐ DELETE  
NAME **Doris J. Lanier T**  
STREET ADDRESS **127 Birch Lane**  
CITY - ST - ZIP **Tampa, FL 33610-9725**

TITLE **T** ☐ DELETE  
NAME **Debra P. Micciche T**  
STREET ADDRESS **6020 Pensbury Dr.**  
CITY - ST - ZIP **Tampa, FL 33624-6802**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

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**\*\*\*\$61.25**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Patricia B. Nemeth**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Patricia B. Nemeth**

**3/30/96**  
Date

**(813) 968-9119**  
Daytime Phone #

CR2E037 (12/95)