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**May 13 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # N95000004962 (5)

1. Corporation Name
HEART MINISTRIES, INC.



Principal Place of Business Mailing Address
13626 GREENFIELD DR., #302 TAMPA FL 33624-4430 **P.O. BOX 270956 TAMPA FL 33688-0356**

3. Date Incorporated or Qualified **10/19/1995** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3339848		Not Applicable	
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		29 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25 Country		30 Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NEMETH, PATRICIA B 13626 GREENFIELD DR., #302 TAMPA FL 33624-4430				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 City			
				84 Zip Code			
				FL 85			

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 Patricia Ann Duke DATE 4/30/97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEMETH, PATRICIA B	1.2 NAME	Patricia Ann Duke
STREET ADDRESS	13626 GREENFIELD DR., #302	1.3 STREET ADDRESS	13626 Greenfield Dr. #302
CITY - ST - ZIP	TAMPA FL 33624-4430	1.4 CITY - ST - ZIP	Tampa, FL 33624
TITLE	VPT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANIER, DORIS J	2.2 NAME	Angela M. Henry
STREET ADDRESS	127 BIRCH LN.	2.3 STREET ADDRESS	1003 Kentucky Ave.
CITY - ST - ZIP	TAMPA FL 33610-9725	2.4 CITY - ST - ZIP	Tampa, FL 33603
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICCICHE, DEBRA P	3.2 NAME	Debra P. Micciche
STREET ADDRESS	5020 PENSURRY DR.	3.3 STREET ADDRESS	4036 Priory Circle
CITY - ST - ZIP	TAMPA FL 33624-6802	3.4 CITY - ST - ZIP	Tampa, FL 33624
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Ann Duke DATE 4/30/97 (813) 968-9119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 6049428

CR2E037 (9/96)