

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
13626 GREENFIELD DR., #302
TAMPA FL 33624-4430Mailing Address
P.O. BOX 270356
TAMPA FL 33688-03563. Date Incorporated or Qualified
10/19/19953a. Date of Last Report
05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3339848

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

NEMETH, PATRICIA B
13626 GREENFIELD DR., #302
TAMPA FL 33624-4430

10. Name and Address of New Registered Agent

81 Name

Patricia Ann Duke

82

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

13626 Greenfield Dr. #302

83

Tampa

33624

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

Patricia Ann Duke

4/30/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME NEMETH, PATRICIA B
STREET ADDRESS 13626 GREENFIELD DR., #302
CITY - ST - ZIP TAMPA FL 33624-4430
☐ DELETETITLE VPT
NAME LANIER, DORIS J
STREET ADDRESS 127 BIRCH LN.
CITY - ST - ZIP TAMPA FL 33610-9725
☒ DELETETITLE T
NAME MICCICHE, DEBRA P
STREET ADDRESS 5020 PENSURRY DR.
CITY - ST - ZIP TAMPA FL 33624-6802
☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/T
1.2 NAME Patricia Ann Duke
1.3 STREET ADDRESS 13626 Greenfield Dr. #302
1.4 CITY - ST - ZIP Tampa, FL 33624
☒ Change ☐ Addition2.1 TITLE VP T
2.2 NAME Angela M. Henry
2.3 STREET ADDRESS 1003 Kentucky Ave.
2.4 CITY - ST - ZIP Tampa, FL 33603
☐ Change ☒ Addition3.1 TITLE S T
3.2 NAME Debra P. Micciche
3.3 STREET ADDRESS 4036 Priory Circle
3.4 CITY - ST - ZIP Tampa, FL 33624
☒ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 813-968-9119

CR2E037 (9/96)