

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State
 08-03-2000 90033 019 ****61.25

DOCUMENT # N95000004962

1. Entity Name

HEART MINISTRIES, INC.

Principal Place of Business

Mailing Address

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

P.O. BOX 270356
 TAMPA FL 33688-0356

2. Principal Place of Business

3. Mailing Address

1024 S. 78th Street

Suite, Apt. #, etc.

Tampa, FL

City & State

Suite, Apt. #, etc.

City & State

Zip

Country

33619

U.S.

Zip

Country

4. FEI Number

59-3339848

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUKE, PATRICIA A
13626 GREENFIELD DR
302
TAMPA FL 33624

Name

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

1024 S. 78th St.

Tampa

FL

Zip Code

33619

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **VPT**
 STREET ADDRESS **HENRY, ANGELA M**
 CITY-ST-ZIP **1003 KENTUCKY AVE**
TAMPA FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **PTT**
 STREET ADDRESS **DUKE, PATRICIA A**
 CITY-ST-ZIP **13626 GREENFIELD DR, 302**
TAMPA FL

TITLE ☒ Change ☐ Addition
 NAME **PTT**
 STREET ADDRESS **Duke, Patricia A**
 CITY-ST-ZIP **1024 S. 78th St.**
Tampa, FL 33619

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **MICCICHE, DEBRA P**
 CITY-ST-ZIP **15406 HEATHRIDGE DR**
TAMPA FL 33625

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PATRICIA A. DUKES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/00
 Date

(813) 968-9119
 Daytime Phone #

CR2E037 (5/00)