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May 11 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000003063 (2)

1. Corporation Name

NEW HEART MINISTRIES, INC.



Principal Place of Business

343-4 PENNELL CIRCLE
TALLAHASSEE FL 32310

Mailing Address

343-4 PENNELL CIRCLE
TALLAHASSEE FL 32310

3. Date Incorporated or Qualified

06/10/1996

4. FEI Number

59-3419936

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 165 E. Pierce St.

26 165 E. Pierce St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Lake Alfred, FL

28 Lake Alfred, FL

Zip

Country

Zip

Country

24 33850

25 USA

29 33850

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, M. LEWIS

343-4 PENNELL CIRCLE

TALLAHASSEE FL 32310

81 Name

Davis, M. Lewis

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

165 E. Pierce St.

83

84 City

Lake Alfred

FL

85 Zip Code

33850

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 M. Lewis Davis

5/1/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME DAVIS, M. LEWIS
STREET ADDRESS 343-4 PENNELL CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32310

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PD Davis, M. Lewis
1.3 STREET ADDRESS 165 E. Pierce St.
1.4 CITY-ST-ZIP Lake Alfred, FL 33850

TITLE VD ☐ DELETE

NAME ROMAN, LARALYN M
STREET ADDRESS 102 EXECUTIVE DR
CITY-ST-ZIP THOMASVILLE GA

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD ☐ DELETE

NAME DAVIS, MARIESA L
STREET ADDRESS 343-4 PENNELL CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32310

3.1 TITLE STD ☒ Change ☐ Addition

3.2 NAME DAVIS, MARIESA L
3.3 STREET ADDRESS 165 E. PIERCE
3.4 CITY-ST-ZIP LAKE ALFRED, FL 33850

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME TR FRED HORRELL
4.3 STREET ADDRESS 2101 9th St., S.E.
4.4 CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME TR WANDA HORRELL
5.3 STREET ADDRESS 2101 9th St., S.E.
5.4 CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME 000002523930
6.3 STREET ADDRESS -05/14/98--01098--031
6.4 CITY-ST-ZIP ***61.25

14. 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 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:

M. Lewis Davis

5/1/98 (941) 957-5511

CR2E037 (10/97)