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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90147 023 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N96000003063**

1. Corporation Name

**NEW HEART MINISTRIES, INC.**

Principal Place of Business

165 E PIERCE ST  
LAKE ALFRED FL 33850

Mailing Address

165 E PIERCE ST  
LAKE ALFRED FL 33850



2. Principal Place of Business

21 2101 9th St., S.E.

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 7425

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

06/10/1996

4. FEI Number

59-3419936

Applied For

Not Applicable

City & State

23 Winter Haven, FL

Zip

Country

24 FL 33880 25 USA

City & State

28 Winter Haven, FL

Zip

Country

29 33883 30 USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

DAVIS, M. LEWIS  
165 E PIERCE ST  
LAKE ALFRED FL 33850

10. Name and Address of New Registered Agent

81 Name

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

2101 9th St., S.E.

83

84 City

Winter Haven

FL

85 Zip Code  
33880

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*

1/30/99

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 PD ☐ DELETE

NAME DAVIS, M. LEWIS  
STREET ADDRESS 165 E PIERCE ST  
CITY-ST-ZIP LAKE ALFRED FL 33850

TITLE VD ☐ DELETE

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

TITLE STD ☐ DELETE

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

TITLE TR ☐ DELETE

NAME FRED HORRELL  
STREET ADDRESS 2101 9TH ST. SE  
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE TR ☐ DELETE

NAME WANDA HORRELL  
STREET ADDRESS 2101 9TH ST. SE  
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 2101 9th Street, S.E.  
1.4 CITY-ST-ZIP Winter Haven, FL. 33880

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 2101 9th St., S.E.  
3.4 CITY-ST-ZIP Winter Haven, FL 33880

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*M. Lewis Davis*

1/30/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)