## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9600003119

HIS HEART CHAPLAIN MINISTRY, INC.

Principal Place of Business 3206 ALBERT ST ORLANDO FL 32806

Mailing Address

3206 ALBERT ST ORLANDO FL 32806

## FILED Apr 30, 1999 8:00 am § Secretary of State

04-30-1999 90097 015 \*\*\*\*61.25

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458202 - 90097 - 15

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualifed 06/10/1996	
21		Suite Ant # ete		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3392393	Not Applicable
22		27 City & State			\$8.75 Additional
City & Stat 23	e · · · · · · · · · · · · · · · · · · ·	28		5. Certificate of Status Desired	Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be
24	25	29 30		Trust Fund Contribution	Added to Fees
	9. Name and Address of Currer	t Registered Agent		10. Name and Address of New Registered	Agent
			81 Name	•	• [
HANKINS	, STEPHEN A		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
3206 ALB			UZ Oliver Aug	incos (1.0. box rambol to rock acceptance)	
	) FL 32806		83	•	·
OHENDO	7 1 2 02000		24 0	<u> </u>	85 Zip Code
		•	84 City	FL	-
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes,	the above-named cor	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoi	changing its registered
office or i	registered agent, or both, in the State am familiar with, and accept the obliga	tions of, Section 617.0503, Florida	Statutes.	lion's board of directors. Thereby accept the upper	in and the second second
_		•		·	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Reg	istered Agent signature requir		7
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D	☐ DELETE	1.1 TITLE	D. A M ILha	Change Addition
NAME	HANKINS, STEPHEN A		12 NAME	lelda A. Walthe	
STREET ADDRESS	3206 ALBERT ST	•	1.3 STREET ADDRESS	10 Donton Rd	2 -0-
CITY-ST-ZIP	ORLANDO FL 32806	·	1.4 CITY-ST-ZIP	linter Park FL	27 19 2
TITLE	D ·	☐ DELETE	2.1 TITLE		Change Addition
NAME	HANKINS, DANA		2.2 NAME	•	
STREET ADDRESS	3206 ALBERT ST		2.3 STREET ADDRESS		<i>'</i> •
CITY-ST-ZIP	ORLANDO FL 32806		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FLORY, PAUL	3	3.2 NAME		
STREET ADDRESS	5003 GRAMONT AVE		3.3 STREET ADDRESS	•	,
CITY-ST-ZIP	ORLANDO FL 32812		3.4. CITY-ST-ZIP		: .
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCWHORTER, ROBERT G		4. 2 NAME	•	
STREET ADDRÉSS	440 KELLY CIDCLE		4.3 STREET ADDRESS	· -	
CITY-ST-ZIP	SANFORD FL 32773		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		Change . Addition
NAME	MCWHORTER, CHRISTINA		5.2 NAME	4	
STREET ADDRESS	440 KELLY CIDCLE		5.3 STREET ADDRESS		•
CITY-ST-ZIP	SANFORD FL 32773	· ,	5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		Change Addition
NAME	WALTHER, GREEG	_	6.2 NAME	•	,
STREET ADDRESS	TAN DENTON DOND	•	6.3 STREET ADDRESS		
SINEEL AUDICESS	WINTER PARK FL 32792		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: (