

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90122 012 \*\*\*\*61.25

0026691

**DOCUMENT # N96000003119**

1. Entity Name  
**HIS HEART CHAPLAIN MINISTRY, INC.**

Principal Place of Business      Mailing Address

**3206 ALBERT ST  
 ORLANDO FL 32806**      ~~3206 ALBERT ST~~ **P.O. BOX 536021  
 ORLANDO FL 32806-32853**

**957439**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**59-3392393**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HANKINS, STEPHEN A  
 3206 ALBERT ST  
 ORLANDO FL 32806**

7. Name and Address of New Registered Agent

Name

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

City      FL      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**      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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HANKINS, STEPHEN A</b>	
STREET ADDRESS	<b>3206 ALBERT ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HANKINS, DANA</b>	
STREET ADDRESS	<b>3206 ALBERT ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FLORY, PAUL</b>	
STREET ADDRESS	<b>5003 GRAMONT AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32812</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCWHORTER, ROBERT G</b>	
STREET ADDRESS	<b>140 KELLY CIRCLE</b>	
CITY-ST-ZIP	<b>SANFORD FL 32773</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCWHORTER, CHRISTINA</b>	
STREET ADDRESS	<b>140 KELLY CIRCLE</b>	
CITY-ST-ZIP	<b>SANFORD FL 32773</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WALTHER, GREGG</b>	
STREET ADDRESS	<b>710 DENTON ROAD</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FLORY, MARY K.</b>	
STREET ADDRESS	<b>5003 GRAMONT AVE.</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32812</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WALTHER, ZELDA A.</b>	
STREET ADDRESS	<b>710 DENTON RD.</b>	
CITY-ST-ZIP	<b>WINTER PARK, FL 32792</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Dana Hankins      **DANA HANKINS**      4-20-01 (407) 425-5218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)