

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000006610 (7)

1. Corporation Name

THE FATHER'S HEART MINISTRIES, INC.



Principal Place of Business

Mailing Address

696 INDIGO LOOP NORTH
DESTIN FL 32541

696 INDIGO LOOP NORTH
DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/23/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1491 Brentwood Dr.

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Same

23 Marietta, GA

28 City & State

24 30062 25 USA

29 Zip 30 Country

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEBSTER, S. SCOTT
696 INDIGO LOOP NORTH
DESTIN FL 32541

81 Name Charles F. Johnson
82 Street Address (P.O. Box Numbers Not Acceptable)
2 Sky High Dunes
83
84 City Santa Rosa Beach FL 85 Zip Code 32459

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 Charles F. Johnson - Treasurer

8/26/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WEBSTER, S. SCOTT
STREET ADDRESS 696 INDIGO LOOP NORTH
CITY-ST-ZIP DESTIN FL 32541

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME WEBSTER, KATHLEEN A
STREET ADDRESS 696 INDIGO LOOP NORTH
CITY-ST-ZIP DESTIN FL 32541

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME JOHNSON, CHARLES F
STREET ADDRESS 2 SKY HIGH DUNES DRIVE
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME FICHTNER, JOHN G
STREET ADDRESS 1603 BRENTWOOD DRIVE
CITY-ST-ZIP MARIETTA GA 30062

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME JOYCE, ROBERT E
STREET ADDRESS 2836 HORSESHOE COURT
CITY-ST-ZIP AUBURN HILLS MI 48326

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 SIGNATURE

8/26/97

(727) 321-8440

CR2E037 (4/97)