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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90036 036 \*\*\*\*61.25

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1. Corporation Name

DOROTHY'S HEART MINISTRIES, INC.

Principal Place of Business

5071 WILLOW POND RD W  
WEST PALM BEACH FL 33417-8135

Mailing Address

P O BOX 220771  
WEST PALM BEACH FL 33422-0771



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/13/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
65-0730671

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADAMS, DOROTHY B  
5071 WILLOW POND RD W  
WEST PALM BEACH FL 33417-8135

81 Name

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

83

84 City

FL

85 Zip Code

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

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 ☐ DELETE

NAME ADAMS, DOROTHY B  
STREET ADDRESS 5071 WILLOW POND RD W  
CITY-ST-ZIP WEST PALM BEACH FL 33417-8135

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ADAMS, RAYMOND T JR.  
STREET ADDRESS 5071 WILLOW POND RD W  
CITY-ST-ZIP WEST PALM BEACH FL 33417-8135

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME NICHOLAS, CARMEN A  
STREET ADDRESS 6181 A PINE TREE LN  
CITY-ST-ZIP TAMARAC FL 33319

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME FISHEL, VIRGINIA L.  
STREET ADDRESS 1386 FERNLEA DR  
CITY-ST-ZIP WEST PALM BEACH FL 33417

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME SANTHON, ROSA LYA  
STREET ADDRESS 1718 17TH WAY  
CITY-ST-ZIP WEST PALM BEACH FL 33407

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS  
2.3 STREET ADDRESS  
2.4 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)