


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000000872 1. Entity Name DOROTHY'S HEART MINISTRIES, INC.	
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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
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DO NOT WRITE IN THIS SPACE



04192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0730671	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when retesting) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, DOROTHY B 5071 WILLOW POND RD W WEST PALM BEACH, FL 334178135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ADAMS, RAYMOND T JR. 5071 WILLOW POND RD W WEST PALM BEACH, FL 334178135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLAS, CARMEN A 6181 A PINE TREE LN TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHEL, VIRGINIA L. 1386 FERNLEA DR WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/07-80009-019 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Dorothy B. Adams Dorothy B. Adams 4/21/07 561-640-0109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #