## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000000872

FILED Apr 24, 2009 Secretary of State

Entity Name: DOROTHY'S HEART MINISTRIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 5071 WILLOW POND RD W WEST PALM BEACH, FL 334178135 **Current Mailing Address: New Mailing Address:** P O BOX 220771 WEST PALM BEACH, FL 334220771 FEI Number: 65-0730671 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ADAMS, DOROTHY B 5071 WILLOW POND RD W WEST PALM BEACH, FL 334178135 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ADAMS, DOROTHY B Name: Name: 5071 WILLOW POND RD W Address: Address: City-St-Zip: WEST PALM BEACH, FL 334178135 City-St-Zip: Title: DST Title: ( ) Delete () Change () Addition Name: ADAMS, RAYMOND T JR. Name: Address: 5071 WILLOW POND RD W Address: City-St-Zip: WEST PALM BEACH, FL 334178135 City-St-Zip: Title: () Delete Title: () Change () Addition NICHOLAS, CARMEN A Name: Name: 6181 A PINE TREE LN Address: Address: City-St-Zip: TAMARAC, FL 33319 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: FISHEL, VIRGINIA L. Name: FISHEL, VIRGINIA L Address: 1386 FERNLEA DR Address: 1386 FERNLEA DR City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip: WEST PALM BEACH, FL 33417

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY B. ADAMS CHAI 04/24/2009