## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

## DOCUMENT # **N97000003837** May 04, 2000 8:00 am Secretary of State 1. Entity Name HEARTS OF LOVE MINISTRY, INC. 05-04-2000 90223 017 \*\*\*\*70.00 Principal Place of Business Mailing Address 340 BOBWHITE DRIVE 340 BOBWHITE DRIVE PENSACOLA FL 32514-2704 PENSACOLA FL 32514 3. Mailing Address 2. Principal Place of Business Box 2407 CREIGHTON RO DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. PENSACOL Applied For City & State City & State 4. FEI Number 59-3456569 Not Applicable PENSACOLA ENSACOL Zip Country Zip 32524 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required **E**SCAMBIA 32503 SCAMBIA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LIVINGSTON, DAN 340 BOBWHITE DRIVE PENSACOLA FL 32514 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. DAN LIVINGSTON ne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Pavable to **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE MAYE, STEVE NAME NAME STREET ADDRESS STREET ADDRESS 3715 HIDDEN OAK DR CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32504 Addition ☐ Change TITLE D ☐ Delete TITLE NAME ROGERS, BARRY NAME STREET ADDRESS STREET ADDRESS 536 QUAIL NEST LN CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32514 DIRECTOR TITLE Delete TITLE ☐ Change Addition ALLEN PONDS 3331 SUMMIT BLUD #158 NAME KNIGHT, ROSS JR NAME STREET ADDRESS STREET ADDRESS 3256 WELLINGTON RD CITY-ST-ZIP CITY-ST-ZIP PENSACOLA. FL PENSACOLA FL 32504 TITLE ☐ Change Addition ☐ Delete TITLE HEATH, GUY NAME NAME STREET ADDRESS STREET ADDRESS **462 CITATION DRIVE** CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32533 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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