2002 UNIFORM BUSINESS REPORT (UBR) FILED Apr 22, 2002 8:00 am Secretary of State DOCUMENT # N9700003837 1. Entity Name HEARTS OF LOVE MINISTRY, INC. 04-22-2002 90297 001 ****70.00 Mailing Address Principal Place of Business 2407 CREIGHTON RD. PO BOX 11456 PENSACOLA FL 32503 PENSACOLA FL 32524 3. Mailing Address 2. Principal Place of Business <u>6847 W. FAIRFIELD DR</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3456569 YENSACOLA Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired 32506 Fee Required 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 City 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. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. DIRECTOR VIRGIL HUNT TITLE (X Change) ■Addition 🖊 Delete TITLE MAYE, STEVE NAME NAME 2131 FAIRCHILD 3715 HIDDEN OAK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32504 CITY-ST-ZIP PENSACOLA FL 32504 GLADYS KOSTELIC **Change Addition** Delete TITLE TITLE ROGERS, BARRY DIRECTOR 201 PENSACOLA BEACH RO #C24 NAME NAME STREET ADDRESS 536 QUAIL NEST LN STREET ADDRESS GULF-BREEZE-FL 32561 CITY-ST-ZIP PENSACOLA FL 32514 CITY_ST_ZIP---DIRECTOR X Addition Change ☐ Delete TITLE TITLE BENNIE ENFINGER PONDS. ALLEN NAME 36 NOTTINGHAM PLACE NAME 3331 SUMMIT BLVD. #158 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP PENSACOLA FL 32506 PENSACOLA FL 32503 ☐ Addition TITLE Change ☐ Delete TITLE HENSLEY, RON NAME NAME STREET ADDRESS STREET ADDRESS 462 CITATION DRIVE CITY-ST-ZIP CITY-ST-7IP PENSACOLA FL 32533 ☐ Change ☐ Addition ☐ Delete TITLE TITLE LIVINGSTON, DAN NAME NAME STREET ADDRESS STREET ADDRESS 340 BOB WHITE DR CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32514 SECRETARY TREASURER Change **July tion** ST 🔀 Delete TITLE SANDI WKBANKS MAYE, KAYE NAME NAME

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 changed, or on an attachment with an address with all other like empowered.

STREET ADDRESS

CITY-ST-7IP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

3215 HIDDEN OAK DR

PENSACOLA FL 32504

5301 CHESTNUT AUE

32571

FL

(9/01)