2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# N97000003837

Entity Name: HEARTS OF LOVE MINISTRY, INC.

Current Principal Place of Business:

6847 W. FAIRFIELD DR
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

PO BOX 11456
PENSACOLA, FL 32524

New Mailing Address:

FEI Number: 59-3456569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIVINGSTON, DAN
340 BOBWHITE DRIVE
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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:

Title:	D	( ) Delete
Name:	HUNT, VIRGIL	
Address:	2131 FAIRCHILD	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	D	( ) Delete
Name:	KOSTELIC, GLADYS	
Address:	201 PENSACOLA BEACH RD C24	
City-St-Zip:	PENSACOLA, FL 32506	
Title:	D	( ) Delete
Name:	PONDS, ALLEN	
Address:	3331 SUMMIT BLVD. #158	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	D	( ) Delete
Name:	HENSLEY, RON	
Address:	462 CITATION DRIVE	
City-St-Zip:	PENSACOLA, FL 32533	
Title:	PD	( ) Delete
Name:	LIVINGSTON, DAN	
Address:	340 BOB WHITE DR	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	ST	( ) Delete
Name:	WILBANKS, SANDI	
Address:	5301 CHESTNUT AVE	
City-St-Zip:	PACE, FL 32571	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SANDI WILBANKS ST 01/10/2005

Electronic Signature of Signing Officer or Director — Date