2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003837

FILED Mar 11, 2008 Secretary of State

Entity Name: HEARTS OF LOVE MINISTRY, INC.

Current Principal Place of Business: New Principal Place of Business: 6847 W. FAIRFIELD DR PENSACOLA, FL 32506 **Current Mailing Address: New Mailing Address:** PO BOX 11456 PENSACOLA, FL 32524 FEI Number: 59-3456569 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: LIVINGSTON, DAN 340 BOBWHITE DRIVE PENSACOLA, FL 32514 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 ANDERSON, VICKIE J Name: Name: Address: 7236 TANNEHILL DR Address: City-St-Zip: PENSACOLA, FL 32526 City-St-Zip: Title: () Delete Title: () Change () Addition KOSTELIC, GLADYS Name: Name: Address: 201 PENSACOLA BEACH RD C24 Address: City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: Title: () Delete Title: () Change () Addition HENSLEY, RON Name: Name: 462 CITATION DRIVE Address: Address: City-St-Zip: PENSACOLA, FL 32533 City-St-Zip: Title: PD () Delete Title: () Change () Addition LIVINGSTON, DAN Name: Name: 340 BOB WHITE DR Address: Address: City-St-Zip: PENSACOLA, FL 32514 City-St-Zip: Title: Title: () Delete () Change () Addition WILBANKS, SANDI Name: Name: 5301 CHESTNUT AVE Address: Address: City-St-Zip: PACE, FL 32571 City-St-Zip:

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: SANDI WILBANKS ST 03/11/2008