

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:

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: ANDERSON, VICKIE J
Address: 7236 TANNEHILL DR
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: KOSTELIC, GLADYS
Address: 201 PENSACOLA BEACH RD C24
City-St-Zip: PENSACOLA, FL 32506

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:

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

Electronic Signature of Signing Officer or Director

Date