

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000003837

FILED  
Dec 17, 2009  
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 (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 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: DAN LIVINGSTON

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

12/17/2009

Electronic Signature of Signing Officer or Director

Date