

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90046 041 ****61.25

DOCUMENT # N97000004937

1. Corporation Name

SACRED HEART MINISTRIES, INC.

Principal Place of Business

438 E LEMON ST
TARPON SPRINGS FL 34689

Mailing Address

438 E LEMON ST
TARPON SPRINGS FL 34689



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/29/1997

4. FEI Number

59-3481144

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

VAPORIS, ELIA-JOHN E SHSJ
438 E LEMON ST
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME VAPORIS, ELIA J E
STREET ADDRESS 38791 US 19N, #917
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D ☒ DELETE
NAME DUGAY, EDNA M SISTER
STREET ADDRESS 38791 US 19N #936
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D ☒ DELETE
NAME DUGAY, JOHN
STREET ADDRESS 38791 US 19N #936
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D ☐ DELETE
NAME BONDURANT, MILDRED
STREET ADDRESS 1009 LAKE AVOCA PLACE
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Shari Gipson
2.3 STREET ADDRESS 817 Riverview Lane
2.4 CITY-ST-ZIP Tarpon Springs, FL 34689

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Patrick Gipson
3.3 STREET ADDRESS 817 Riverview Lane
3.4 CITY-ST-ZIP Tarpon Springs, FL 34689

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Carol Lendakos
4.3 STREET ADDRESS 1247 Chelsea Lane
4.4 CITY-ST-ZIP Holiday, FL 34691

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99

Date

727 943-9545

Daytime Phone #