

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005591

FILED
Apr 24, 2006
Secretary of State

Entity Name: HEPLER INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

45 OAKMONT CIRCLE
ORMOND BCH, FL 32174 US

New Principal Place of Business:

151 LOOKOUT DRIVE
ORMOND BCH, FL 32136 US

Current Mailing Address:

P.O. BOX 730743
ORMOND BCH, FL 32173

New Mailing Address:

FEI Number: 59-3537119 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HEPLER, LARRY R
45 OAKMONT CIRCLE
ORMOND BCH, FL 32174 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: P () Delete
Name: HEPLER, LARRY R
Address: 45 OAKMONT CIRCLE
City-St-Zip: ORMOND BCH, FL 32174

Title: T () Delete
Name: DEVORE, TIM
Address: 3142 KAILANI COURT
City-St-Zip: ORMOND BCH, FL 32174

Title: S () Delete
Name: DEVORE, ELLEN
Address: 3142 KAILANI COURT
City-St-Zip: ORMOND BCH, FL 32174

Title: D () Delete
Name: HEPLER, JONNI M
Address: 45 OAKMONT CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: TYLER, JIM
Address: 318 WILDWOOD CIR
City-St-Zip: TECUMSEH, MI 49286

Title: D () Delete
Name: TYLER, JOAN
Address: 318 WILDWOOD CIR
City-St-Zip: TECUMSEH, MI 49286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HEPLER, LARRY R
Address: 151 LOOKOUT DRIVE
City-St-Zip: FLAGLER BCH, FL 32136

Title: T (X) Change () Addition
Name: DEVORE, TIM
Address: 115 CALLAWAY COURT
City-St-Zip: DELAND, FL 32724

Title: S (X) Change () Addition
Name: DEVORE, ELLEN
Address: 115 CALLAWAY COURT
City-St-Zip: DELAND, FL 32724

Title: D (X) Change () Addition
Name: HEPLER, JONNI M
Address: 151 LOOKOUT DRIVE
City-St-Zip: ORMOND BEACH, FL 32136

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 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: LARRY R HEPLER

PRES

04/24/2006

Electronic Signature of Signing Officer or Director

Date