

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90059 001 ***211.25

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1. Entity Name
HEARTKEEPERS MINISTRIES INCORPORATED



Principal Place of Business
**189 DERBY WOODS DRIVE
LYNN HAVEN, FL 32444**

Mailing Address
**189 DERBY WOODS DRIVE
LYNN HAVEN, FL 32444**

66005996



03082007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3536513

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NORRED, DEBBIE
189 DERBY WOODS DRIVE
LYNN HAVEN, FL 32444**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
NORRED, MIKE E
189 DERBY WOODS DRIVE
LYNN HAVEN, FL 32444**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ID
NORRED, DEBBIE
189 DERBY WOOD DR
LYNN HAVEN, FL 32444**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JONES, ROGER
2339 SUGGS ROAD
CHIPLEY, FL 32428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Debbie G. Norred
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/07
Date

850-896-0158
Daytime Phone #