

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000005881

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



04222008 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

000000920413
05/14/08-80043-008 61.25

**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 J. Norred
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debbie J. Norred

4/22/08
Date

850-763-0656
Daytime Phone #