

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005881

FILED
Feb 19, 2009
Secretary of State

Entity Name: HEARTKEEPERS MINISTRIES INCORPORATED

Current Principal Place of Business:

189 DERBY WOODS DRIVE
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

189 DERBY WOODS DRIVE
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 59-3536513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORRED, DEBBIE
189 DERBY WOODS DRIVE
LYNN HAVEN, FL 32444 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: T () Delete
Name: NORRED, MIKE E
Address: 189 DERBY WOODS DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: ID () Delete
Name: NORRED, DEBBIE
Address: 189 DERBY WOOD DR
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: JONES, ROGER
Address: 2339 SUGGS ROAD
City-St-Zip: CHIPLEY, FL 32428

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:

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: DEBBIE J. NORRED

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02/19/2009

Electronic Signature of Signing Officer or Director

Date