


FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90102 046 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000006239 1. Corporation Name HEAVENS INSTRUCTED SERVANTS, INC.					
Principal Place of Business 1432 LAKEVIEW ROAD CLEARWATER FL 33756			Mailing Address 1432 LAKEVIEW ROAD CLEARWATER FL 33756		
2. Principal Place of Business 21 Same Suite, Apt. #, etc.		2a. Mailing Address 26 Same Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/02/1998	
22 City & State		27 City & State		4. FEI Number 59-355-5739	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> NA \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> NA \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SHOWERS, GREGORY K 133 N. FORT HARRISON AVENUE CLEARWATER FL 33755			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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P NAME HAHN, GLENN STREET ADDRESS 1432 LAKEVIEW ROAD CITY-ST-ZIP CLEARWATER FL 33756	<input type="checkbox"/> DELETE		1.1 TITLE HAHN Glenn	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VT NAME TROUTMAN, ALAN STREET ADDRESS 6715 HONE STREET CITY-ST-ZIP NEW PORT RICHEY FL 34653	<input type="checkbox"/> DELETE		1.2 NAME 1432 LAKEVIEW RD - 1.3 STREET ADDRESS CLEARWATER FL 33756 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VS NAME AMANKWATIA, BOBIE STREET ADDRESS 1541 SAN CHRISTOPHER CITY-ST-ZIP DUNEDIN FL 34698	<input checked="" type="checkbox"/> DELETE		2.1 TITLE TROUTMAN, ALAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VS NAME AMANKWATIA, BOBIE STREET ADDRESS 1541 SAN CHRISTOPHER CITY-ST-ZIP DUNEDIN FL 34698	<input type="checkbox"/> DELETE		2.2 NAME 6715 HONE STREET 2.3 STREET ADDRESS NEW PORT RICHEY FL 34653 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VS NAME AMANKWATIA, BOBIE STREET ADDRESS 1541 SAN CHRISTOPHER CITY-ST-ZIP DUNEDIN FL 34698	<input type="checkbox"/> DELETE		3.1 TITLE Rowland, Angela	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VS NAME AMANKWATIA, BOBIE STREET ADDRESS 1541 SAN CHRISTOPHER CITY-ST-ZIP DUNEDIN FL 34698	<input type="checkbox"/> DELETE		3.2 NAME 7332 Cypress Dr. 3.3 STREET ADDRESS NEW PORT RICHEY, FL 34653 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VS NAME AMANKWATIA, BOBIE STREET ADDRESS 1541 SAN CHRISTOPHER CITY-ST-ZIP DUNEDIN FL 34698	<input type="checkbox"/> DELETE		4.1 TITLE VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VS NAME AMANKWATIA, BOBIE STREET ADDRESS 1541 SAN CHRISTOPHER CITY-ST-ZIP DUNEDIN FL 34698	<input type="checkbox"/> DELETE		4.2 NAME VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VS NAME AMANKWATIA, BOBIE STREET ADDRESS 1541 SAN CHRISTOPHER CITY-ST-ZIP DUNEDIN FL 34698	<input type="checkbox"/> DELETE		4.3 STREET ADDRESS VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VS NAME AMANKWATIA, BOBIE STREET ADDRESS 1541 SAN CHRISTOPHER CITY-ST-ZIP DUNEDIN FL 34698	<input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VS NAME AMANKWATIA, BOBIE STREET ADDRESS 1541 SAN CHRISTOPHER CITY-ST-ZIP DUNEDIN FL 34698	<input type="checkbox"/> DELETE		5.1 TITLE VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VS NAME AMANKWATIA, BOBIE STREET ADDRESS 1541 SAN CHRISTOPHER CITY-ST-ZIP DUNEDIN FL 34698	<input type="checkbox"/> DELETE		5.2 NAME VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VS NAME AMANKWATIA, BOBIE STREET ADDRESS 1541 SAN CHRISTOPHER CITY-ST-ZIP DUNEDIN FL 34698	<input type="checkbox"/> DELETE		5.3 STREET ADDRESS VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VS NAME AMANKWATIA, BOBIE STREET ADDRESS 1541 SAN CHRISTOPHER CITY-ST-ZIP DUNEDIN FL 34698	<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VS NAME AMANKWATIA, BOBIE STREET ADDRESS 1541 SAN CHRISTOPHER CITY-ST-ZIP DUNEDIN FL 34698	<input type="checkbox"/> DELETE		6.1 TITLE VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VS NAME AMANKWATIA, BOBIE STREET ADDRESS 1541 SAN CHRISTOPHER CITY-ST-ZIP DUNEDIN FL 34698	<input type="checkbox"/> DELETE		6.2 NAME VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VS NAME AMANKWATIA, BOBIE STREET ADDRESS 1541 SAN CHRISTOPHER CITY-ST-ZIP DUNEDIN FL 34698	<input type="checkbox"/> DELETE		6.3 STREET ADDRESS VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VS NAME AMANKWATIA, BOBIE STREET ADDRESS 1541 SAN CHRISTOPHER CITY-ST-ZIP DUNEDIN FL 34698	<input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:

GLENN HAHN

Date

1-30-99

Daytime Phone #

1-727-449-0462

CR2E037 (11/98)

The current directors of Heavens Instructed Servants Inc. are listed below:

D

Hahn, Glenn

1432 Lakeview Road

Clearwater, FL 33756

D

Troutman, Alan

6715 Hone Street

New Port Richey, FL 34653

D

Rowland, Angelica

7332 Cypress Dr.

New Port Richey, FL 34653

N 98000006239
546090-90056-8