

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N98000006239

1. Entity Name
HEAVENS INSTRUCTED SERVANTS, INC.



FILED
Apr 12, 2004 08:00 AM
Secretary of State

Principal Place of Business
**1432 LAKEVIEW ROAD
CLEARWATER, FL 33756**

Mailing Address
**1432 LAKEVIEW ROAD
CLEARWATER, FL 33756**



04052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3555939

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent

**SHOWERS, GREGORY K
133 N. FORT HARRISON AVENUE
CLEARWATER, FL 33755**

**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 re-issuing) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

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

00000010613
04-12-2004 08:00 AM 010 01.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAHN, GLENN
STREET ADDRESS	1432 LAKEVIEW ROAD
CITY - ST - ZIP	CLEARWATER, FL 33756
TITLE	D
NAME	TROUTMAN, ALAN
STREET ADDRESS	6715 HONE STREET
CITY - ST - ZIP	NEW PORT RICHEY, FL 34653
TITLE	SD
NAME	ROWLAND, ANGELIA
STREET ADDRESS	7332 CYPRESS DR
CITY - ST - ZIP	NEW PORT RICHEY, FL 34653
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. 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 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: Glenn D. Hahn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-04 727-449-
Date Daytime Phone # 0462