

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90114 022 ****61.25

0047033

DOCUMENT # N98000006239

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3555939**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HAHN, GLENN	
STREET ADDRESS	1432 LAKEVIEW ROAD	
CITY - ST - ZIP	CLEARWATER FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	TROUTMAN, ALAN	
STREET ADDRESS	6715 HONE STREET	
CITY - ST - ZIP	NEW PORT RICHEY FL 34653	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROWLAND, ANGELIA	
STREET ADDRESS	7332 CYPRESS DR	
CITY - ST - ZIP	NEW PORT RICHEY FL 34653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

SIGNATURE REQUIRED

2-08-03

CR2E037 (10/02)



A difference you can bank on™

Attachment Statement

10067428
#N98000006239

To review your account information 24 hours a day, use Online Banking, www.republicbankfl.com or call 1-800-MYBANK1.
If you have questions, call our Customer Service Center: 1-800-386-5454, M-F 7:30AM-7:00PM; SAT 8:30AM-1:30PM.

MEMBER FDIC

HEAVENS INSTRUCTED SERVANTS INC
C/O GLENN HAHN
1432 LAKEVIEW RD
CLEARWATER FL 33756

TYPE OF STATEMENT

CHECKING
STATEMENT DATE

12/31/02
TAXPAYER ID NO.

0

PAGE NUMBER

1

4788000612
OFFICE-478

4788000612

SUMMARY FOR CHECKING

BEGINNING BALANCE	12/01/02	153.74	
DEPOSITS / MISC CREDITS	0	.00	
WITHDRAWALS / MISC DEBITS	0	.00	
** ENDING BALANCE	12/31/02	153.74	**
SERVICE CHARGE		.00	
AVERAGE COLLECTED BALANCE		154	



DEBIT ADVICE

DEBIT

P.O. Box 33008 St. Petersburg, Florida 33733-8008

WE HAVE DEBITED YOUR ACCOUNT AS INDICATED BELOW

Trancode 160 - DDA Debit 260 - SAV Debit
Legend 198 - DDA Closing 298 - SAV Closing

Prepared By	Date
Authorized By	
Originating Dept/Branch/Cost Center	
Description of Entry	
Customer Signature	

4788000612 198\$ 153.74

ACCOUNT NUMBER TRAN CODE DEBIT AMOUNT

MAIL TO

Heavens Instructed

H-506-284-63-0812

#N98000006239