

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

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90138 014 *****61.25

DOCUMENT # N99000001613

1. Entity Name

HEAVENLY HOST MINISTRIES INC.



Principal Place of Business

**2431 ALOMA AVE.
140
WINTER PARK FL 32792**

Mailing Address

**P.O. BOX 2601
ORLANDO FL 32802**

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 **59-3569850**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOVE, BRETT
3015 WHISPER LAKE LANE STE. A
WINTER PARK FL 32792**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete
**PTD
MILLER, SHIRLEY**
STREET ADDRESS **2431 ALOMA STE 140**
CITY-ST-ZIP **WINTER PARK FL**

TITLE NAME ☐ Change ☒ Addition
Cherry Martin = Director = D
701 Rider Rd. Apt 9
Boynton Beach, FL 33435

TITLE NAME ☐ Delete
**MCSO
LOVE, BRETT**
STREET ADDRESS **3015 WHISPER LAKE LN. STE A**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE NAME ☐ Change ☒ Addition
**Director
Jacquelyn Kimber**
7662 Towhee Trail
Orlando, FL 32810

TITLE NAME ☐ Delete
**VCSO
HOUSTON, LOUISE**
STREET ADDRESS **5809 MAPLEWOOD**
CITY-ST-ZIP **CHICAGO IL 60629**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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: *Shirley Miller*

5/6/03 407-657-1594

CR2E037 (10/02)