

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90475 037 ***158.75

DOCUMENT # P01000033912

1. Entity Name

HART FELT MINISTRIES, INC.



Principal Place of Business

136 AZALEA POINT DR S
PONTE VEDRA BCH FL 32082

Mailing Address

136 AZALEA POINT DR S
PONTE VEDRA BCH FL 32082

2. Principal Place of Business

117 Solano Cay Circle

Suite, Apt. #, etc.

Ponte Vedra Beach, FL

City & State

3. Mailing Address

117 Solano Cay Circle

Suite, Apt. #, etc.

Ponte Vedra Beach, FL

City & State

Zip

32082

Country

St. Johns

Zip

32082

Country

St. Johns



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3712163

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORGAN, ROBERT M

10110 SAN JOSE BOULEVARD

JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name - Jane A. Hart

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

117 Solano Cay Circle

Ponte Vedra Beach

City

FL

Zip Code

32082

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 Jane A. Hart

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME HART, JANE A
STREET ADDRESS 136 AZALEA POINT DR S
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 117 Solano Cay Circle
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03

Date

Daytime Phone #

CR2E034 (10/02)