


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000010175**  
1. Entity Name  
**HELP FOR HURTING HEARTS MINISTRIES,  
INCORPORATED**



Principal Place of Business Mailing Address  
**8506 N GOMEZ AVE 8506 N GOMEZ AVE  
TAMPA FL 33614 TAMPA FL 33614**

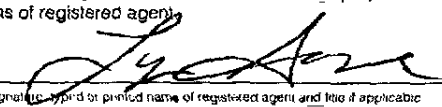


2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

1st MOORE CR2E037 (10/05)  
4. FEI Number **30-0284229** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SAYNE, LYNN DR  
8506 N GOMEZ AVE  
TAMPA FL 33614**

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  DATE **2/26/06**  
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing) DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SAYNE, LYNN DR	8506 N GOMEZ AVE	TAMPA FL 33614	<input type="checkbox"/>
ST	SAYNE, SHELIA	8506 N GOMEZ AVE	TAMPA FL 33614	<input type="checkbox"/>
D	GRISHAW, BILL	501 W BIRD ST	TAMPA FL 33604	<input type="checkbox"/>
D	(IRWIN, TERRY)	6411 N LOIS AVE	TAMPA FL 33614	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

03/09/06-80062-016 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  DATE: **2/26/06** 813-624-764