

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010175

FILED  
May 06, 2008  
Secretary of State

Entity Name: HELP FOR HURTING HEARTS MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

8506 N GOMEZ AVE  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

8506 N GOMEZ AVE  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 30-0284229      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SAYNE, LYNN DR  
8506 N GOMEZ AVE  
TAMPA, FL 33614      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: SAYNE, LYNN DR  
Address: 8506 N GOMEZ AVE  
City-St-Zip: TAMPA, FL 33614

Title: ST      ( ) Delete  
Name: SAYNE, SHELIA  
Address: 8506 N GOMEZ AVE  
City-St-Zip: TAMPA, FL 33614

Title: D      ( ) Delete  
Name: GRISHAW, BILL  
Address: 501 W BIRD ST  
City-St-Zip: TAMPA, FL 33604

Title: D      ( ) Delete  
Name: IRWIN, TERRY  
Address: 6411 N LOIS AVE  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. LYNN SAYNE

P

05/06/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date