

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000001780

Entity Name: PASSIONATE HEART MINISTRIES, INC.**Current Principal Place of Business:**2650 MIGLIARA LANE
OCOE, FL 34761**Current Mailing Address:**2650 MIGLIARA LANE
OCOE, FL 34761 US**FEI Number:** 45-4550714**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**VINCENT, PASCALE J
2650 MIGLIARA LANE
OCOE, FL 34761 US*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**Officer/Director Detail :**

Title	DVP
Name	ROBLEDO, ARACELY
Address	406 CLEMSON DRIVE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DT
Name	HIRALDO, GEANNINA
Address	514 BLUFF PASS DRIVE
City-State-Zip:	EUSTIS FL 32726

Title	DS
Name	PAYNE, GRISELDA
Address	1450 ELLEN LANE
City-State-Zip:	APOPKA FL 32712

Title	DP
Name	NOEL, BENOTTE
Address	522 S. HUNT CLUB BLVD #536
City-State-Zip:	APOPKA FL 32703

Title	DIRECTOR
Name	VINCENT, PASCALE J
Address	2650 MIGLIARA LANE
City-State-Zip:	OCOE FL 34761

I hereby 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 all other like empowered.

SIGNATURE: PASCALE J VINCENT**DIRECTOR****04/30/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date