

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006009

FILED  
Mar 22, 2009  
Secretary of State

Entity Name: THE LION'S HEART MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

11983 DAHLIA DR  
THORNTON, CO 80241

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7108  
NORTH PORT, FL 34290

**New Mailing Address:**

FEI Number: 84-1510289      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CASSADA, BARBARA  
1584 OKETO STREET  
NORTH PORT, FL 34286      US

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

WILLIAM, CASSADA  
1584 OKETO ST  
NORTH PORT, FL 34286      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: WILLIAM CASSADA      03/22/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PSC      ( ) Delete  
Name: CASSADA, WILLIAM E  
Address: 1584 OKETO ST  
City-St-Zip: NORTH PORT, FL 34286

Title: VTVC      (X) Delete  
Name: CASSADA, BARBARA  
Address: 1584 OKETO ST  
City-St-Zip: NORTH PORT, FL 34286

Title: D      ( ) Delete  
Name: SANDERS, GEORGE  
Address: 465 FRANKLIN DR  
City-St-Zip: MAYS LANDING, NJ 08330

Title: D      ( ) Delete  
Name: SANDERS, BARBARA  
Address: 465 FRANKLIN DR  
City-St-Zip: MAYS LANDING, NJ 08330

Title: D      ( ) Delete  
Name: CHARLES, KEITH  
Address: 127 LANDIS DR  
City-St-Zip: LANCASTER, PA 17602

Title: D      ( ) Delete  
Name: CHARLES, LAUREN  
Address: 127 LANDIS DR  
City-St-Zip: LANCASTER, PA 17602

**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:

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: WILLIAM CASSADA      PRES      03/22/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date