

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 MAY -1 PM 5:13
TALLAHASSEE, FLORIDA

DOCUMENT # 858299

(1)

1. Corporation Name

HIS MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

HIS MINISTRIES INTERNATIONAL
1616 ALISON AVE.
PANAMA CITY FL 32407

8753 N. LAGOON DR. 1616 Alison
PANAMA CITY FL 32407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/01/1983
3a. Date of Last Report 04/29/1994
4. FEI Number 23-7394628
Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOWLER, CHARLES A
8753 N. LAGOON DR.
PANAMA CITY FL

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME FOWLER, CHARLES A.L. JR.
STREET ADDRESS 8753 N. LAGOON DR.
CITY - ST - ZIP PANAMA CITY BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition
200001489632
-05/17/95--01006--009
*****70.00 *****70.00

TITLE V
NAME FOWLER, FAITH SUZANNE
STREET ADDRESS 8753 N. LAGOON DR.
CITY - ST - ZIP PANAMA CITY BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE V
NAME FOWLER, CHARLES A.L. III
STREET ADDRESS 8753 N. LAGOON DR.
CITY - ST - ZIP PANAMA CITY BEACH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE TS
NAME WATKINS, JAMES U
STREET ADDRESS 1827 FLAGG AVENUE
CITY - ST - ZIP PANAMA CITY FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME MILLER, BRIAN D.
STREET ADDRESS 9211 FAITH LANE
CITY - ST - ZIP PANAMA CITY BEACH FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition
5/1/95 MSL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles A. Fowler Jr. Charles A. Fowler Jr. 4-18-95 904-234-1130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #