

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 858299

1. Entity Name

HIS MINISTRIES INTERNATIONAL, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90039 005 ****70.00

Principal Place of Business

Mailing Address

HIS MINISTRIES INTERNATIONAL
1616 ALISON AVE.
PANAMA CITY FL 32407

HIS MINISTRIES INTERNATIONAL
1616 ALISON AVE.
PANAMA CITY FL 32407-4273



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7394628

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME MILLER, CHARM S
STREET ADDRESS 9106 ABBA LANE
CITY-ST-ZIP PANAMA CITY BEACH FL 32407

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MILLER, BRIAN D.
STREET ADDRESS 9106 ABBA LANE
CITY-ST-ZIP PANAMA CITY BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev C. Fowler Pres 5/1/00 850-2349167

CR2E037 (9/99)