2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 08:00 AM
Secretary of State

DOCUMENT # 858299

1. Entity Name
HIS MINISTRIES INTERNATIONAL, INC.

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

2. Principal Place of Business	3. Mailing Address
HIS MINISTRIES INTERNATIONAL	HIS MINISTRIES INTERNATIONAL
Suite, Apt. #, etc. 8753 NORTH LAGOON DRIVE	Suite, Apt. #, etc. 8753 NORTH LAGOON DRIVE
City & State PANAMA CITY BEACH FL	City & State PANAMA CITY BEACH FL
Zip / Country 32408	Zip / Country 32408

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7394628
☐ Applied For
☐ Not Applicable

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 US	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 _____ 05/07/2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER BRIAN D. 9106 ABBA LANE PANAMA CITY BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WATKINS JAMES U 1827 FLAGG AVENUE PANAMA CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MILLER CHARM S 9106 ABBA LANE PANAMA CITY BEACH FL 32407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FOWLER FAITH SUZANNE 8753 N. LAGOON DR. PANAMA CITY BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FOWLER CHARLES A.L. JR. 8753 N. LAGOON DR. PANAMA CITY BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/00)

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: Charm S. Miller VD 05/07/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #