# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 23, 2002 8:00 AM**
**Secretary of State**

DOCUMENT# 858299

**Entity Name:** HIS MINISTRIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

HIS MINISTRIES INTERNATIONAL
8753 NORTH LAGOON DRIVE
PANAMA CITY BEACH, FL 32408

**New Principal Place of Business:**

**Current Mailing Address:**

HIS MINISTRIES INTERNATIONAL
8753 NORTH LAGOON DRIVE
PANAMA CITY BEACH, FL 32408

**New Mailing Address:**

**FEI Number: 23-7394628** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: FOWLER, CHARLES A.L. JR.
Address: 8753 N. LAGOON DR.
City-St-Zip: PANAMA CITY BEACH, FL

Title: VD ( ) Delete
Name: FOWLER, FAITH SUZANNE
Address: 8753 N. LAGOON DR.
City-St-Zip: PANAMA CITY BEACH, FL

Title: VD ( ) Delete
Name: MILLER, CHARM S
Address: 9106 ABBA LANE
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: SD ( ) Delete
Name: WATKINS, JAMES U
Address: 1827 FLAGG AVENUE
City-St-Zip: PANAMA CITY, FL

Title: D ( ) Delete
Name: MILLER, BRIAN D.
Address: 9106 ABBA LANE
City-St-Zip: PANAMA CITY BEACH, FL

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARM S. MILLER VD 04/23/2002

Electronic Signature of Signing Officer or Director — Date