2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
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
P.O. BOX 9432
PANAMA CITY, FL 32417

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 32408 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 32408	
Title:	VD	( ) Delete
Name:	FOWLER, FAITH SUZANNE	
Address:	8753 N. LAGOON DR.	
City-St-Zip:	PANAMA CITY BEACH, FL 32408	
Title:	VD	( ) Delete
Name:	MILLER, CHARM S	
Address:	505 FLORIDIAN PLACE	
City-St-Zip:	PANAMA CITY, FL 32405	
Title:	SD	( ) Delete
Name:	WATKINS, JAMES U	
Address:	1827 FLAGG AVENUE	
City-St-Zip:	PANAMA CITY, FL 32407	
Title:	D	( ) Delete
Name:	MILLER, BRIAN D.	
Address:	505 FLORIDIAN PLACE	
City-St-Zip:	PANAMA CITY, FL 32405	

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 04/30/2004
Electronic Signature of Signing Officer or Director — Date