

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 858299

FILED
May 01, 2009
Secretary of State

Entity Name: HIS MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

HIS MINISTRIES INTERNATIONAL
213 ZACHARY WADE STREET
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

HIS MINISTRIES INTERNATIONAL
1115 NORTH HAVEN CIRCLE
LYNN HAVEN, FL 32444

New Mailing Address:

HIS MINISTRIES INTERNATIONAL
P.O. BOX 1833
LYNN HAVEN, FL 32444

FEI Number: 23-7394628 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FOWLER, CHARLES A JR.
213 ZACHARY WADE STREET
WINTER GARDEN, FL 34787 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: 213 ZACHARY WADE STREET
City-St-Zip: WINTER GARDEN, FL 34787

Title: VD () Delete
Name: FOWLER, FAITH SUZANNE
Address: 213 ZACHARY WADE STREET
City-St-Zip: WINTER GARDEN, FL 34787

Title: VD () Delete
Name: MILLER, CHARM S
Address: 1115 NORTH HAVEN CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444

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: 1115 NORTH HAVEN CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: MILLER, CHARM S
Address: P.O. BOX 1833
City-St-Zip: LYNN HAVEN, FL 32444

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MILLER, BRIAN D
Address: P.O. BOX 1833
City-St-Zip: LYNN HAVEN, FL 32444

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

05/01/2009

Electronic Signature of Signing Officer or Director

Date