2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# N96000001068

Entity Name: HIS PEOPLE CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

P.O. BOX 800554
AVENTURA, FL 332800554

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 800554
AVENTURA, FL 332800554

New Mailing Address:

FEI Number: 65-0771127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILES, DOUG
21376 MARINE COVE CIRC. C-17
AVENTURA, FL 33180 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: PD ( ) Delete
Name: GILES, DOUG
Address: 21376 MARINE COVE CIR. C-17
City-St-Zip: AVENTURA, FL 33180

Title: VSD ( ) Delete
Name: GILES, MARY MARGARET
Address: 21376 MARINA COVE CIRC. C-17
City-St-Zip: AVENTURA, FL 33180

Title: TD ( ) Delete
Name: PHILLIPS, PENNY
Address: 226 ANTIQUERA AVE. #1
City-St-Zip: CORAL GABLES, FL 33134

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:

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: DOUG GILES PD 01/08/2004

Electronic Signature of Signing Officer or Director — Date