

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000006113

**Entity Name:** H.B. CHARLES MINISTRIES, INC.**Current Principal Place of Business:**7703 BURNT OAK TRAIL  
JACKSONVILLE, FL 32256**Current Mailing Address:**7703 BURNT OAK TRAIL  
JACKSONVILLE, FL 32256**FEI Number: 47-1237400****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHARLES, H.B. JR.  
7703 BURNT OAK TRAIL  
JACKSONVILLE, FL 32256 US*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**Officer/Director Detail :**

Title	PTRU
Name	CHARLES, H.B. JR.
Address	7703 BURNT OAK TRAIL
City-State-Zip:	JACKSONVILLE FL 32256

Title	VPST
Name	CHARLES, CRYSTAL
Address	7703 BURNT OAK TRAIL
City-State-Zip:	JACKSONVILLE FL 32256

Title	TRUS
Name	CHARLES, CRYSTAL
Address	7703 BURNT OAK TRAIL
City-State-Zip:	JACKSONVILLE FL 32256

Title	TRUS
Name	HURTT, GEORGE
Address	7703 BURNT OAK TRAIL
City-State-Zip:	JACKSONVILLE FL 32256

Title	TRUS
Name	WILLIAMS, ROMELL
Address	7703 BURNT OAK TRAIL
City-State-Zip:	JACKSONVILLE FL 32256

Title	TRUS
Name	PACE, JOE
Address	7703 BURNT OAK TRAIL
City-State-Zip:	JACKSONVILLE FL 32256

*I hereby 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 all other like empowered.*

**SIGNATURE: H. B. CHARLES****DIRECTOR****01/25/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date