

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**



<b>DOCUMENT # 720744</b>				<b>1. Entity Name</b>	
HOME MISSIONARIES AND EVANGELISTS OF AMERICA, INC.					
Principal Place of Business		Mailing Address			
237 B WYNN LANE CHESTER GA 31012		237 B WYNN LANE CHESTER GA 31012			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 58-1778523 <span style="float: right;">Applied For Not Applicat</span>	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ANDRE, FRANK C. 1010 JOAN AVE. DUNDEE FL 33838			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <span style="float: right;">FL</span> Zip Code		
<b>8. 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. I am familiar with, and accept, the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature is required when re-registering) _____ DATE _____					

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD SCARBORO MS. JOHNNY F. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	237 B WYNN LANE	NAME	
STREET ADDRESS	CHESTER GA 31012	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD SCARBORO, ROSE ANN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	237 B WYNN LANE	NAME	
STREET ADDRESS	CHESTER GA 31012	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD FINLEY, MARVIN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	8211 S. INDIAN RVER DR.	NAME	
STREET ADDRESS	STEWART FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	ST SCARBORO, ROSE ANN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	237 B WYNN LANE	NAME	
STREET ADDRESS	CHESTER GA 31012	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

1000007458460  
05/16/06-30130 017  Change  Add

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

SIGNATURE *Frank C. Andre* 3-3-05