

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90046 006 ****61.25



DOCUMENT # 720744
 1. Entity Name
HOME MISSIONARIES AND EVANGELISTS OF AMERICA, INC.

Principal Place of Business Mailing Address
237 B WYNN LANE **237 B WYNN LANE**
CHESTER GA 31012 **CHESTER GA 31012**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/06)
 4. FEI Number **58-1778523** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ANDRE, FRANK C.
1010 JOAN AVE.
DUNDEE FL 33838

7. Name and Address of New Registered Agent
 Name **HATCHETT, DARLENE**
 Street Address (P.O. Box Number is Not Acceptable) **12229 COUNTRY SIDE DRIVE**
 City **LAKELAND** FL Zip Code **33809**

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.
 SIGNATURE **HATCHETT, Darlene C. Agent** **Darlene Hatchett** **3-23-07**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: SCARBORO MS. JOHNNY F. STREET ADDRESS: 237 B WYNN LANE CITY ST ZIP: CHESTER GA 31012	<input type="checkbox"/> Delete
TITLE: SD NAME: SCARBORO, ROSE ANN STREET ADDRESS: 237 B WYNN LANE CITY ST ZIP: CHESTER GA 31012	<input type="checkbox"/> Delete
TITLE: VD NAME: FINLEY, MARVIN STREET ADDRESS: 8211 S. INDIAN RIVER DR. CITY ST ZIP: STEWART FL	<input checked="" type="checkbox"/> Delete
TITLE: ST NAME: SCARBORO, ROSE ANN STREET ADDRESS: 237 B WYNN LANE CITY ST ZIP: CHESTER GA 31012	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY ST ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY ST ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY ST ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY ST ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: DUNN, Wilber STREET ADDRESS: 110 TYSTOCK Rd. APT. A CITY ST ZIP: COCKYAN, GA 31014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY ST ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY ST ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Rose Ann Scarboro/Rose Ann Scarboro** **3-21-2007** **478-358-4755**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone