


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 08:00 AM
Secretary of State

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
 State, Apt. #, etc. Suite, Apt. #, etc.
1st MOORE CR2E037 (10/07)

City & State City & State
4. FEI Number 58-1778523 Applied For Not Applicable

Zip Country Zip Country
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HATCHETT, DARLENE
12229 COUNTRY SIDE DRIVE
LAKELAND FL 33809

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature must be filed when registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	<input type="checkbox"/> Delete
NAME	SCARBORO MS. JOHNNY F.	
STREET ADDRESS	237 B WYNN LANE	
CITY-ST-ZIP	CHESTER GA 31012	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCARBORO, ROSE ANN	
STREET ADDRESS	237 B WYNN LANE	
CITY-ST-ZIP	CHESTER GA 31012	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DUNN, WILBER	
STREET ADDRESS	110 TYSTOCK RD. APT A	
CITY-ST-ZIP	COCHRAN GA 31014	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SCARBORO, ROSE ANN	
STREET ADDRESS	237 B WYNN LANE	
CITY-ST-ZIP	CHESTER GA 31012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000817091	
CITY-ST-ZIP	02/14/08-80080-006 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 SD+ST 2-3-08 478-358-4755