

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 25, 2009  
Secretary of State**

DOCUMENT# 720744

Entity Name: HOME MISSIONARIES AND EVANGELISTS OF AMERICA, INC.

**Current Principal Place of Business:**

237 B WYNN LANE  
CHESTER, GA 31012

**New Principal Place of Business:**

**Current Mailing Address:**

237 B WYNN LANE  
CHESTER, GA 31012

**New Mailing Address:**

FEI Number: 58-1778523      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HATCHETT, DARLENE  
12229 COUNTRY SIDE DRIVE  
LAKELAND, FL 33809 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: SCARBORO MS. JOHNNY, F.  
Address: 237 B WYNN LANE  
City-St-Zip: CHESTER, GA 31012

Title: SD ( ) Delete  
Name: SCARBORO, ROSE ANN  
Address: 237 B WYNN LANE  
City-St-Zip: CHESTER, GA 31012

Title: VD ( ) Delete  
Name: DUNN, WILBER  
Address: 110 TYSTOCK RD. APT A  
City-St-Zip: COCHRAN, GA 31014

Title: ST ( ) Delete  
Name: SCARBORO, ROSE ANN  
Address: 237 B WYNN LANE  
City-St-Zip: CHESTER, GA 31012

**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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHNNY F. SCARBORO

PD

01/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date