FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **761196** **(5)**

1. Corporate Name

HIS PLACE MINISTRIES INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6425 PEMBROKE ROAD HOLLYWOOD FL 33023	6425 PEMBROKE ROAD HOLLYWOOD FL 33023

3. Date Incorporated or Qualified: **12/23/1981**

3a. Date of Last Report: **04/21/1994**

4. FEI Number: **59-2358713** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (30)

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LAPOINTE, THOMAS
5201 SW 31ST AVE. APT 275
FT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name: LAPointe, Thomas

82 Street Address (P.O. Box Number is Not Acceptable): 4265 SW 73 AD Ter

83

84 City: Davie **FL** 85 Zip Code: 33314

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (If changing Registered Agent, Registered Agent must sign here.) (AT)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	LAPOINTE, THOMAS	12 NAME		
STREET ADDRESS	5201 SW 31ST AVE	13 STREET ADDRESS		
CITY ST ZIP	FT LAUDERDALE FL 33912	14 CITY ST ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	GARZZILLO, GENE	22 NAME		
STREET ADDRESS	6304 SW 22ND ST.	23 STREET ADDRESS		
CITY ST ZIP	MIRAMAR FL 33023	24 CITY ST ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	EDWARDS, PATRICIA	32 NAME		
STREET ADDRESS	9880 SHERIDAN ST.	33 STREET ADDRESS		
CITY ST ZIP	PEMBROKE PINES FL	34 CITY ST ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	GARZZILLO, GENE	42 NAME		
STREET ADDRESS	6304 SW 22ND ST.	43 STREET ADDRESS		
CITY ST ZIP	MIRAMAR FL	44 CITY ST ZIP		
TITLE	C	51 TITLE	C	☒ Change ☐ Addition
NAME	GROSSO, JOE	52 NAME	JERRY WALL	
STREET ADDRESS	6531 GRANT ST.	53 STREET ADDRESS	9301 SUNSET BLD	
CITY ST ZIP	HOLLYWOOD FL	54 CITY ST ZIP	SUNRISE FL 33322	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas LaPointe 4/23/95 305 587 3041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038320