

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 761196 (5)

1. Corporation Name

HIS PLACE MINISTRIES INC.



Principal Place of Business

6425 PEMBROKE ROAD
HOLLYWOOD FL 33023

Mailing Address

6425 PEMBROKE ROAD
HOLLYWOOD FL 33023

3. Date Incorporated or Qualified
12/23/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 7020 Pines Blvd

2a. Mailing Address

26 4265 SW 72 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Pembroke Pines FLA

27 City & State

28 DAVIDE FLA

24 Zip

33024

Country

Broward

29 Zip

33314

Country

Broward

4. FEI Number
59-2358713

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LAPORTE, THOMAS
4265 SW 72ND TERR
DAVIDE FL 33314

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Thomas Laporte President

4/12/96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LAPORTE, THOMAS
STREET ADDRESS 5201 SW 31ST AVE
CITY-ST-ZIP FT LAUDERDALE FL 33912

☐ DELETE

TITLE VD
NAME GARZZILLO, GENE
STREET ADDRESS 6304 SW 22ND ST.
CITY-ST-ZIP MIRAMAR FL 33023

☒ DELETE

TITLE SD
NAME EDWARDS, PATRICIA
STREET ADDRESS 9880 SHERIDAN ST.
CITY-ST-ZIP PEMBROKE PINES FL

☐ DELETE

TITLE TD
NAME GARZZILLO, GENE
STREET ADDRESS 6304 SW 22ND ST.
CITY-ST-ZIP MIRAMAR FL

☐ DELETE

TITLE C
NAME WALL, JERRY
STREET ADDRESS 9301 SUNSET BLVD
CITY-ST-ZIP SUNRISE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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 Laporte Thomas Laporte

4/12/96

954 987 3041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)