


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **761196** (5)

1. Corporation Name

**HIS PLACE MINISTRIES INC.**



Principal Place of Business <b>7020 PINES BLVD PEMBROKE PINES FL 33024 US</b>		Mailing Address <b>4265 SW 72 TERR DAVID FL 33314-3131 US</b>	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
25 Country		30 Country	
3. Date Incorporated or Qualified <b>12/23/1981</b>		3a. Date of Last Report <b>04/19/1996</b>	
4. FEI Number <b>59-2358713</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LAPORTE, THOMAS 4265 SW 72ND TERR DAVID FL 33314</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAPORTE, THOMAS</b>	1.2 NAME	
STREET ADDRESS	<b>5201 SW 31ST AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33912</b>	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDWARDS, PATRICIA</b>	2.2 NAME	
STREET ADDRESS	<b>9880 SHERIDAN ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARZZILLO, GENE</b>	3.2 NAME	
STREET ADDRESS	<b>6304 SW 22ND ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIRAMAR FL</b>	3.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALL, JERRY</b>	4.2 NAME	
STREET ADDRESS	<b>9301 SUNSET BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 \_\_\_\_\_ DATE \_\_\_\_\_

CR2E037 (9/96)