

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

0071377

DOCUMENT # 761196

1. Entity Name

HIS PLACE MINISTRIES INC.

03-22-2002 90030 006 ****70.00

Principal Place of Business

7020 PINES BLVD
 PEMBROKE PINES FL 33024
 US

Mailing Address

4265 SW 72 TERR
 DAVID FL 33314
 US

2. Principal Place of Business

3. Mailing Address

329 NW 153 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines FLA

4. FEI Number

59-2358713

Applied For

Not Applicable

Zip

Country

Zip

Country

33028

USA.

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAPORTE, THOMAS
 4265 SW 72ND TERR
 DAVIE FL 33314

Name

Thomas LaPorte

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

329 NW 153 TERR

City

Pembroke Pines

FL

Zip Code

33028

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

☐ Delete

TITLE
 NAME PD
 STREET ADDRESS Thomas LaPorte
 CITY-ST-ZIP 329 NW 153 TERR
 Pembroke Pines, FLA 33028

☒ Change ☐ Addition

TITLE
 NAME SD
 STREET ADDRESS EDWARDS, PAT
 CITY-ST-ZIP 1522 NW 113 WAY
 PEMBROKE PINES FL 33026

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME VD
 STREET ADDRESS GARZZILLO, GENE
 CITY-ST-ZIP 6304 SW 22ND ST.
 MIRAMAR FL 33025

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I 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 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: *Thomas LaPorte* **THOMAS LAPOINTE**

3/8/02

954 987 3041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)