

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761196

FILED
Jan 14, 2007
Secretary of State

Entity Name: HIS PLACE MINISTRIES INC.

Current Principal Place of Business:

7020 PINES BLVD
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

329 NW 153 LANE
PEMBROKE PINES, FL 33028 US

New Mailing Address:

FEI Number: 59-2358713 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAPOINTE, THOMAS
329 NW 153 LANE
PEMBROKE PINES, FL 33028 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: LAPOINTE, THOMAS,
Address: 329 NW 153 LANE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SD () Delete
Name: EDWARDS, PAT
Address: 1522 NW 113 WAY
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VD () Delete
Name: GARZZILLO, GENE,
Address: 701 NW 93 TERR.
City-St-Zip: PAMBROKE PINES, FL 33024

Title: D () Delete
Name: JORDAN, BRIAN
Address: 4182 S PINE ISKID RD
City-St-Zip: DAVIE, FL 33328

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 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: THOMAS LAPOINTE

PD

01/14/2007

Electronic Signature of Signing Officer or Director

Date