

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761196

FILED  
Jan 16, 2009  
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:**

LAPORTE, THOMAS  
329 NW 153 LANE  
PEMBROKE PINES, FL 33028 US

**Name and Address of New Registered Agent:**

LAPORTE, THOMAS J PRES  
329 NW 153 LANE  
PEMBROKE PINES, FL 33028 US

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: THOMAS LAPORTE

01/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LAPORTE, 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 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 LAPORTE

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date