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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **858299** (1)

1. Corporation Name

HIS MINISTRIES INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

**HIS MINISTRIES INTERNATIONAL
1616 ALISON AVE.
PANAMA CITY FL 32407**

**HIS MINISTRIES INTERNATIONAL
1616 ALISON AVE.
PANAMA CITY FL 32407-4203**

3. Date Incorporated or Qualified **11/01/1983** 3a. Date of Last Report **05/01/1996**

4. FEI Number **23-7394628** 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOWLER, CHARLES A
8753 N. LAGOON DR.
PANAMA CITY FL**

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P FOWLER, CHARLES A.L. JR.**
STREET ADDRESS **8753 N. LAGOON DR.**
CITY-ST-ZIP **PANAMA CITY BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **V FOWLER, FAITH SUZANNE**
STREET ADDRESS **8753 N. LAGOON DR.**
CITY-ST-ZIP **PANAMA CITY BEACH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD FOWLER, CHARLES A.L. III**
STREET ADDRESS **8753 N. LAGOON DR.**
CITY-ST-ZIP **PANAMA CITY BEACH FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TSD WATKINS, JAMES U**
STREET ADDRESS **1827 FLAGG AVENUE**
CITY-ST-ZIP **PANAMA CITY FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D MILLER, BRIAN D.**
STREET ADDRESS **9211 FAITH LANE**
CITY-ST-ZIP **PANAMA CITY BEACH FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **9106 Abba Lane**
5.4 CITY-ST-ZIP **Panama City Beach, FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 *Brian D. Miller* **Brian D. Miller** **4/28/97**

CR2E037 (9/96)