

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 858299

FILED
May 09, 2011
Secretary of State

Entity Name: HIS MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

HIS MINISTRIES INTERNATIONAL
213 ZACHARY WADE STREET
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

HIS MINISTRIES INTERNATIONAL
P.O. BOX 1833
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 23-7394628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, CHARLES A JR.
213 ZACHARY WADE STREET
WINTER GARDEN, FL 34787 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: P
Name: FOWLER, CHARLES A.L. JR.
Address: 213 ZACHARY WADE STREET
City-St-Zip: WINTER GARDEN, FL 34787

Title: VD
Name: FOWLER, FAITH SUZANNE
Address: 213 ZACHARY WADE STREET
City-St-Zip: WINTER GARDEN, FL 34787

Title: VD
Name: MILLER, CHARM S
Address: P.O. BOX 1833
City-St-Zip: LYNN HAVEN, FL 32444

Title: SD
Name: WATKINS, JAMES U JR.
Address: 1827 FLAGG AVENUE
City-St-Zip: PANAMA CITY, FL 32407

Title: D
Name: MILLER, BRIAN D
Address: P.O. BOX 1833
City-St-Zip: LYNN HAVEN, FL 32444

I hereby 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 all other like empowered.

SIGNATURE: CHARM S. MILLER

VD

05/09/2011

Electronic Signature of Signing Officer or Director

Date