


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90050 005 ****70.00

DOCUMENT # N00000001723	
1. Entity Name PROPHETESS/EVANGELIST HATTIE HALL MINISTRIES, INC.	

Principal Place of Business 5100 JOE KING RD. PLANT CITY FL 33567	Mailing Address P.O. BOX 3386 PLANT CITY FL 33564
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2. Principal Place of Business 802 Douglas St. Plant City	3. Mailing Address Suite, Apt. #, etc.
City & State FLA	City & State
Zip 33564	Country Hillsboro



1st MOORE CR2E037 (10/04)

4. FEI Number 59-3631414	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HALL, HATTIE EVANG. 5100 JOE KING RD. PLANT CITY FL 33567	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PT	NAME HALL, HATTIE STREET ADDRESS 5100 JOE KING RD. CITY-ST-ZIP PLANT CITY FL 33567 <input type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TS	NAME HALL, THERIAN V STREET ADDRESS 5100 JOE KING RD. CITY-ST-ZIP PLANT CITY FL 33567 <input type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TS	NAME SMITH, CORETTA STREET ADDRESS 1326 LANTICK LN CITY-ST-ZIP PLANT CITY FL 33567 <input checked="" type="checkbox"/> Delete	TITLE	NAME Lora Wiggs STREET ADDRESS Lakeland Fla 33801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	NAME DIXON, TINA STREET ADDRESS 1325 LARRICK LANE CITY-ST-ZIP PLANT CITY FL 33567 <input checked="" type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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: Hattie Hall (Hattie Hall) 1-28-05 (813) 7199596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #