


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000001031	
1. Entity Name HE IS LORD MINISTRIES, INC.	

Principal Place of Business 90 DOLPHIN BLVD. EAST PONTE VEDRA BCH, FL 32082	Mailing Address 90 DOLPHIN BLVD. EAST PONTE VEDRA BCH, FL 32082
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DO NOT WRITE IN THIS SPACE



08082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3696871	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRANT, W. GREGORY 90 DOLPHIN BLVD. EAST PONTE VEDRA BCH, FL 32082	
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRANT, W. GREGORY 90 DOLPHIN BLVD. EAST PONTE VEDRA BCH, FL 32082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MURPHY, CARL E 90 DOLPHIN BLVD. EAST PONTE VEDRA BCH, FL 32082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHIPPLE, JACQUELINE L 90 DOLPHIN BLVD. EAST PONTE VEDRA BCH, FL 32082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHIPPLE, BETTY L 90 DOLPHIN BLVD. EAST PONTE VEDRA BCH, FL 32082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000170050
08/13/04-80002-015 61.25

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IN THIS SPACE**

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: 	8/11/04	904-396-2522
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>