2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: HIS TOUCH MINISTRIES, INC.

Current Principal Place of Business:

163 N.E. HI-HAT PLACE
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 39
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 59-3743137 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WHITE, YVONNE C
112 NE ALPHA TERRACE
LAKE CITY, FL 32055 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: DP
Name: WHITE, YVONNE C
Address: 112 N.E. ALPHA TERR
City-St-Zip: LAKE CITY, FL 32055

Title: DV
Name: BROWN, SALATHEIA J
Address: P.O. BOX 6125
City-St-Zip: STARKE, FL 32091

Title: DST
Name: TRIMMINGS, NELLENE
Address: 8992 BANDERA CIRCLE W
City-St-Zip: JACKSONVILLE, FL 32244

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: SALATHEIA J. BROWN DV 04/09/2012

Electronic Signature of Signing Officer or Director Date