

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000589

FILED
Apr 02, 2009
Secretary of State

Entity Name: HIS KINGDOM AND HIS JUSTICE MINISTRY, INC.

Current Principal Place of Business:

11839 LAKE MINNEOLA SHORES
CR-561A
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1097
MINNEOLA, FL 34755

New Mailing Address:

9943 SPRING LAKE DR.
CLERMONT, FL 34711

FEI Number: 02-0602962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VELAZQUEZ, WILNA N
9943 SPRING LAKE DR.
CLERMONT, FL 34711 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: PD () Delete
Name: VELAZQUEZ, WILMA
Address: P. O. BOX 1097
City-St-Zip: MINNEOLA, FL 34755

Title: V (X) Delete
Name: RIVERA, EDWIN F
Address: P.O. BOX 1097
City-St-Zip: MINNEOLA, FL 34755

Title: S T () Delete
Name: BERDEGUER, PEDRO F M D
Address: P. O. BOX 1097
City-St-Zip: MINNEOLA, FL 34755

Title: S S () Delete
Name: GUZMAN, VIVIAN PH D
Address: 600 W. OAK RIDGE RD
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PEDRO F BERDEGUER, M D

S T

04/02/2009

Electronic Signature of Signing Officer or Director

Date