


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90684 020 ****61.25

DOCUMENT # N02000007758	
1. Entity Name H.F. MINISTRIES OF RECONCILIATION INC.	

Principal Place of Business 1152 SOUTHPORT COURT WELLINGTON, FL 33414	Mailing Address 1152 SOUTHPORT COURT WELLINGTON, FL 33414
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DO NOT WRITE IN THIS SPACE



04292004 No Chg-NP CR2E037 (10/03)

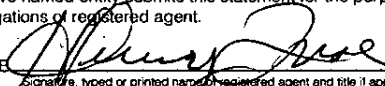
4. FEI Number 06-1656670	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FUSE, HENRY
1152 SOUTHPORT COURT
WELLINGTON, FL 33414

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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  HENRY FUSE 4/29/04
(NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 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 FUSE, HENRY 1152 SOUTHPORT COURT WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUSE, JESSIE 1152 SOUTHPORT COURT WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JONES, ANDREW J 1289 W 35TH ST RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WILSON, SOPHIA 780 SE 2ND ST BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MASON, WILLIE 804 SOUTH J STREET LAKE WORTH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  HENRY FUSE, Director 4/29/04 561-723-3426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #