

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007758

FILED
Jul 01, 2005
Secretary of State

Entity Name: H.F. MINISTRIES OF RECONCILIATION INC.

Current Principal Place of Business:

1152 SOUTHPORT COURT
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

1152 SOUTHPORT COURT
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 06-1656670 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FUSE, HENRY
1152 SOUTHPORT COURT
WELLINGTON, FL 33414 US

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: D () Delete
Name: FUSE, HENRY
Address: 1152 SOUTHPORT COURT
City-St-Zip: WELLINGTON, FL 33414

Title: PD () Delete
Name: FUSE, JESSIE
Address: 1152 SOUTHPORT COURT
City-St-Zip: WELLINGTON, FL 33414

Title: CD () Delete
Name: JONES, ANDREW J
Address: 1289 W 35TH ST
City-St-Zip: RIVIERA BEACH, FL 33404

Title: CEO () Delete
Name: WILSON, SOPHIA
Address: 780 SE 2ND ST
City-St-Zip: BELLE GLADE, FL 33430

Title: S () Delete
Name: MASON, WILLIE
Address: 804 SOUTH J STREET
City-St-Zip: LAKE WORTH, FL 33401

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HENRY FUSE

MR.

07/01/2005

Electronic Signature of Signing Officer or Director

Date