

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007758

FILED  
Apr 21, 2006  
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 ( )**

**Name and Address of Current Registered Agent:**

FUSE, HENRY  
1152 SOUTHPORT COURT  
WELLINGTON, FL 33414 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: 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: CD (X) Change ( ) Addition  
Name: FUSE III, HENRY  
Address: 3000 PRESIDENTAL WAY  
City-St-Zip: WEST PALM BEACH, FL 33401

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 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: HENRY FUSE

ED

04/21/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date