2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007758

FILED Mar 28, 2007 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:			New Mailing Addı	New Mailing Address:	
1152 SOUTHPORT COURT WELLINGTON, FL 33414					
FEI Number:	06-1656670	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Addres	s of New Registered Agent:	
FUSE, HENRY 1152 SOUTHPORT COURT WELLINGTON, FL 33414 US					
	named entity of Florida.	submits this statement for the p	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATUF	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (FUSE, HENRY 1152 SOUTHF WELLINGTON	PORT COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD (FUSE, JESSIE 1152 SOUTHF WELLINGTON	PORT COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FUSE III, HEN 3000 PRESID		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CEO (WILSON, SOF 780 SE 2ND S BELLE GLADE	iT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (MASON, WILL 804 SOUTH J LAKE WORTH	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	

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 REV 03/28/2007