

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009316

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: HIS BREATH MINISTRIES, INC.

**Current Principal Place of Business:**

19719 WYNDHAM LAKES DR.  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

19719 WYNDHAM LAKES DR.  
ODESSA, FL 33556

**New Mailing Address:**

FEI Number: 22-3885628

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROADARMEL, D. DOUGLAS  
19719 WYNDHAM LAKES DR.  
ODESSA, FL 33556 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: ROADARMEL, D. DOUGLAS  
Address: 19719 WYNDHAM LAKES DR.  
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete  
Name: ROADARMEL, ELIZABETH  
Address: 19719 WYNDHAM LAKES DR.  
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete  
Name: HOWELL, ALAN  
Address: 4998 HARBORWOODS DR.  
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete  
Name: BADENHORST, MARLO  
Address: 203 SACRAMENTO ST.  
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete  
Name: DANIELS, GILBERT C  
Address: 4132 BOYD LANE  
City-St-Zip: PALM HARBOR, FL 34685

**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 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: D.DOUGLAS ROADARMEL

D

04/17/2009

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

\_\_\_\_\_  
Date