

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000830

FILED
Apr 09, 2004
Secretary of State**Entity Name:** HEM OF HIS GARMENT MINISTRY, INC.**Current Principal Place of Business:**817 DIXON BOULEVARD
STE. 8
COCOA, FL 32922**New Principal Place of Business:**817 DIXON BOULEVARD
STE. 9E
COCOA, FL 32922**Current Mailing Address:**817 DIXON BOULEVARD
STE. 8
COCOA, FL 32922**New Mailing Address:**817 DIXON BOULEVARD
STE. 9E
COCOA, FL 32922**FEI Number:** 14-1870904**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LAMOREAU, PATRICIA
817 DIXON BOULEVARD
STE. 8
COCOA, FL 32922**Name and Address of New Registered Agent:**LAMOREAU, PATRICIA
817 DIXON BOULEVARD
STE. 9E
COCOA, FL 32922

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: PATRICIA LAMOREAU

04/09/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: LAMOREAU, PATRICIA
Address: 981 BELLAIRE LANE
City-St-Zip: ROCKLEDGE, FL 32955**Title:** VS () Delete
Name: MULLINS, RONALD
Address: 981 BELLAIRE LANE
City-St-Zip: ROCKLEDGE, FL 32955**Title:** T () Delete
Name: LAMOREAU, CHERIE
Address: 3641 SWEETGRASS CIRCLE, APT. 7015
City-St-Zip: WINTER PARK, FL 32792**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:

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: PATRICIA LAMOREAU

P

04/09/2004

Electronic Signature of Signing Officer or Director

Date