

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000830

FILED  
Apr 13, 2007  
Secretary of State

Entity Name: HEM OF HIS GARMENT MINISTRY, INC.

## Current Principal Place of Business:

817 DIXON BOULEVARD  
STE. 9E  
COCOA, FL 32922

## New Principal Place of Business:

1131 LAKE DRIVE  
COCOA, FL 32922

## Current Mailing Address:

817 DIXON BOULEVARD  
STE. 9E  
COCOA, FL 32922

## New Mailing Address:

1131 LAKE DRIVE  
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. 9E  
COCOA, FL 32922 US

## Name and Address of New Registered Agent:

LAMOREAU, PATRICIA  
1131 LAKE DR  
COCOA, FL 32922 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: PATRICIA LAMOREAU

04/13/2007

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: 654 GLADES CIRCLE, APT. 200  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LAMOREAU, PATRICIA A DIRECTO  
Address: 981 BELLAIRE LANE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VS (X) Change ( ) Addition  
Name: MULLINS, RONALD H SECRETA  
Address: 981 BELLAIRE LANE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: T (X) Change ( ) Addition  
Name: LAMOREAU, CHERIE L TREASUR  
Address: 654 GLADES CIRCLE, APT. 200  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: PATRICIA LAMOREAU

D

04/13/2007

Electronic Signature of Signing Officer or Director

Date