2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000830

Entity Name: HEM OF HIS GARMENT MINISTRY, INC.

FILED Jan 07, 2008 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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1131 LAKE DRIVE 981 BELLAIRE LANE COCOA, FL 32922 ROCKLEDGE, FL 32955

Current Mailing Address: New Mailing Address:

1131 LAKE DRIVE 981 BELLAIRE LANE

COCOA, FL 32922 ROCKLEDGE, FL 32955 US

FEI Number: 14-1870904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LAMOREAU, PATRICIA

1131 LAKE DR

COCOA, FL 32922 US

LAMOREAU, PATRICIA

981 BELLAIRE LANE

ROCKLEDGE, FL 32955 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: 01/07/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: LAMOREAU, PATRICIA A DIRECTO Name: LAMOREAU, PATRICIA A DIRECTO

 Address:
 981 BELLAIRE LANE
 Address:
 981 BELLAIRE LANE

 City-St-Zip:
 ROCKLEDGE, FL 32955
 City-St-Zip:
 ROCKLEDGE, FL 32955 US

Title: VS () Delete Title: VS (X) Change () Addition
Name: MULLINS, RONALD H SECRETA Name: MULLINS, RONALD H SECRETA
Address: 981 BFLLAIRF LANF
Address: 981 BFLLAIRF LANF

Address: 981 BELLAIRE LANE Address: 981 BELLAIRE LANE
City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: ROCKLEDGE, FL 32955 US

 Title:
 T
 () Delete
 Title:
 T
 (X) Change () Addition

 Name:
 LAMOREAU, CHERIE L TREASUR
 Name:
 MOSS, CHERIE L TREASUR

 Address:
 654 GLADES CIRCLE, APT. 200
 Address:
 12 BEEHIVE COURT

City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: HATSFIELD HEATH, HS CM22 7EU UK

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: PATRICIA LAMOREAU P 01/07/2008