

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90221 016 \*\*\*\*61.25

DOCUMENT # N03000001241

1. Entity Name

HIS FINISHING TOUCH MINISTRIES, INC.



Principal Place of Business

369 COUNTRYSIDE KEY BLVD.  
OLDSMAR FL 34677

Mailing Address

369 COUNTRYSIDE KEY BLVD.  
OLDSMAR FL 34677

2. Principal Place of Business

36446 U.S. Hwy 19, N.  
Suite, Apt. #, etc.

3. Mailing Address

36446 U.S. Hwy 19 N.  
Suite, Apt. #, etc.

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

Zip

34684

Country

USA

Zip

34684

Country

USA

4. FEI Number

56-2359021

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SADLER, CYNTHIA REV.  
369 COUNTRYSIDE KEY BLVD.  
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name SADLER, CYNTHIA REV

Street Address (P.O. Box Number is Not Acceptable)

280 72 AVE.

City St. Pete Beach

FL

Zip Code

33706

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Rita Engle*

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/11/05

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DCHR  
NAME SADLER, CYNTHIA  
STREET ADDRESS 369 COUNTRYSIDE KEY BLVD.  
CITY-ST-ZIP OLDSMAR FL 34677 ☐ Delete

TITLE VD  
NAME ENGLE, RITA REV  
STREET ADDRESS 369 COUNTRYSIDE KEY BLVD.  
CITY-ST-ZIP OLDSMAR FL 34677 ☐ Delete

TITLE D  
NAME AVELINO, JAY  
STREET ADDRESS 2301 OXFORD COURT  
CITY-ST-ZIP SAFETY HARBOR FL 33756 ☒ Delete

TITLE D  
NAME STEWART, CYNTHIA  
STREET ADDRESS 4526 Serenity Trail  
CITY-ST-ZIP Palm Harbor FL 34685 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DCHR  
NAME SADLER, CYNTHIA REV  
STREET ADDRESS 280 72 AVE.  
CITY-ST-ZIP ST. PETE BEACH, FL 33706 ☒ Change ☐ Addition

TITLE VD  
NAME ENGLE, RITA REV  
STREET ADDRESS 280 72 AVE.  
CITY-ST-ZIP ST PETE BEACH, FL 33706 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME STEWART, CYNTHIA  
STREET ADDRESS 4526 Serenity Trail  
CITY-ST-ZIP Palm Harbor, FL 34685 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Rita Engle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05

Date

(727) 787-5747

Daytime Phone #