

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90316 004 \*\*\*\*61.25

**DOCUMENT # N03000001241**

1. Entity Name

HIS FINISHING TOUCH MINISTRIES, INC.



Principal Place of Business

36466 US HWY 19 N  
PALM HARBOR FL 34684

Mailing Address

36466 US HWY 19 N  
PALM HARBOR FL 34684

2. Principal Place of Business

3152 Little Rd

Suite, Apt. #, etc.

# 125

City & State

Trinity, FL

Zip

34655

Country

USA

3. Mailing Address

3152 Little Rd

Suite, Apt. #, etc.

# 125

City & State

Trinity, FL

Zip

34655

Country

USA



1st MOORE

CR2E037 (10/05)

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.

280 72 AVE

SAINT PETERSBURG FL 33706

3553 Gamble St.

Trinity, FL

34655

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

*Rev Cynthia Sadler*

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

(NOTE: Registered Agent signature required when reinstating)

*Rev Cynthia Sadler*

DATE

3/22/06

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2006**

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 ☐ Delete  
NAME SADLER, CYNTHIA  
STREET ADDRESS 280 72 AVE  
CITY-ST-ZIP SAINT PETERSBURG FL 33706

TITLE VD ☐ Delete  
NAME ENGLE, RITA REV  
STREET ADDRESS 280 72 AVE  
CITY-ST-ZIP SAINT PETERSBURG FL 33706

TITLE D ☐ Delete  
NAME STEWART, CYNTHIA  
STREET ADDRESS 4526 SERENITY TRAIL  
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE D ☐ Delete  
NAME Reule, Jane  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME SADLER, CYNTHIA  
STREET ADDRESS 3553 Gamble Street  
CITY-ST-ZIP Trinity, FL 34655

TITLE ☒ Change ☐ Addition  
NAME Engle, Rita Rev  
STREET ADDRESS 31177 US Hwy 19, N #2005  
CITY-ST-ZIP Palm Harbor, FL 34684

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

TITLE ☐ Change ☒ Addition  
NAME Reule, Jane  
STREET ADDRESS 4162 Kirkaldy Dr.  
CITY-ST-ZIP Palm Harbor, FL 34685

TITLE ☐ Change ☒ Addition  
NAME Hart, Kerri  
STREET ADDRESS 2000 Hunter's Glen Dr. #704  
CITY-ST-ZIP Dunedin, FL 34698

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Cynthia Sadler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cynthia Sadler

3/22/06

Date

(121)

Daytime Phone #

236-6289