2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2005 8:00 am Secretary of State 02-28-2005 90205 047 ****70.00

1. Entity Name HIS HOLY PLACE MINISTRIES, INC.											
Principal Place of Business 6253 WILLOGHBY CIRCLE LAKE WORTH, FL 33463 Mailing Address 6253 WILLOGHBY LAKE WORTH, FL 3			WILLOGHBY CIRC	HBY CIRCLE			40024654				
2. Principal Place of Business 3		3. Maili	3. Mailing Address								
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			02082005	Chg-NP	CR2E03	37 (10/03)		
City & State		City	City & State			4. FEI Numbe	_r	07894		oplied For ot Applicable	
Zip	Country	Zip		Cou	ntry	5. Certificate	of Status Desired	<u> </u>	\$8.75 Add Fce Require	ditional	
	6. Name and Address	of Current Registere	d Agent		. Ata	7. Name and	Address of New F	Registered /	Agent		
BAILEY, MARK REID 6253 WILLOGHBY CIRCLE			Name Street Add			ess (P.O. Box Numbe	er is Not Acceptable	e)	.		
LAKE WO	RTH, FL 33463					·		·		. —	
	· *- *		_		City		<u> </u>	FL	Zip Cod		
8: The above the obligat	named entity submits this stions of registered agent.	statement for the purpo	ose of changing its	registere	ed office or reg	gistered agent, or bot	h, in the State of Flo	orida. I am i	familiar with,	and accept	
SIGNATURE.	Signature, typed or printed name of r	MAy	rk R. B	Aile	4		2	-15-	05		
	organicale, typed or printed that he or t	ogration to agont and alto a appr	icable. (NOT	E: Flegistered	Agent signature re	dnieg wieu teinstating)		DATE			
	Filing Fee is \$61.25 Due by May 1, 2005	;	9. Election Car Trust Fund (\$5.00 May B Added to Fees	Floi	rida Depar	payable to	tate	
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICE	;	9. Election Car Trust Fund (Contributi	on.	Added to Fees ADDITIONS/CHA		rida Depar	tment of St	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2005	RS AND DIRECTORS	9. Election Car	11. ITILE NAME STREET	on.	Added to Fees ADDITIONS/CHA ADDITI	ANGES TO OFFICE	rida Depar	tment of St	tate	
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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.