

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009250

FILED
Feb 09, 2007
Secretary of State

Entity Name: HIS HOLY PLACE MINISTRIES, INC.

Current Principal Place of Business:

6677 EAGLE RIDGE DRIVE
GREENACRES, FL 33413

New Principal Place of Business:

Current Mailing Address:

6677 EAGLE RIDGE DRIVE
GREENACRES, FL 33413

New Mailing Address:

FEI Number: 20-0407894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAILEY, MARK REID
6677 EAGLE RIDGE DRIVE
GREENACRES, FL 33413 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAILEY, MARK A
Address: 6677 EAGLE RIDGE DRIVE
City-St-Zip: GREENACRES, FL 33413

Title: VD () Delete
Name: NISLY, JACQUES D
Address: 6677 EAGLE RIDGE DRIVE
City-St-Zip: GREENACRES, FL 33413

Title: SD () Delete
Name: BOWER, MICHAEL W
Address: 6677 EAGLE RIDGE DRIVE
City-St-Zip: GREENACRES, FL 33413

Title: TD () Delete
Name: BOWER, CHARITY
Address: 6677 EAGLE RIDGE DRIVE
City-St-Zip: GREENACRES, FL 33413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK R. BAILEY

PD

02/09/2007

Electronic Signature of Signing Officer or Director

Date