


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
04 OCT -4 AM 8:50

DOCUMENT # N03000009289 1. Entity Name ROBERTA HINES MINISTRIES, INC.	
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Principal Place of Business 2441 22ND STREET SARASOTA, FL 34234	Mailing Address 2441 22ND STREET SARASOTA, FL 34234
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2. Principal Place of Business 2441 22nd Street Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Sarasota FL 34234	City & State		
Zip Country	Zip Country	4. FEI Number Applied for	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

08/19/2004 Chg-NP CR2E037 (10/03)

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HINES, ROBERTA 2441 22ND STREET SARASOTA, FL 34234	7. Name and Address of New Registered Agent Name: None Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:
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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: Roberta Hines (NOTE: Registered Agent signature required when reinstating) DATE:

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Roberta Hines 2441 22nd St Sarasota FL 34234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Marilee Watkins 5747 Garden Dr. Sarasota, FL 34243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Chadwick Watkins 2072 Hillview St Sarasota FL 34239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Kelli Smith 3224 Ramble Wood Dr. South Sarasota, FL 34237 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Myndel Miller 2106 Fern Ave. Sarasota FL 34235 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Margaret Walker 2705 17th St Sarasota, FL 34234 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Kathy Byrd 3013 LORR Lake Circle Sarasota, FL 34234 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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10/04/04--01032--017 ***70.00

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: Roberta Hines DATE: 9/6/04

Date: _____ Daytime Phone # _____