


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90144 046 ****70.00

DOCUMENT # N03000009289

1. Entity Name
ROBERTA HINES MINISTRIES, INC.



Principal Place of Business
 2441 22ND STREET
 SARASOTA, FL 34234

Mailing Address
 2441 22ND STREET
 SARASOTA, FL 34234

2. Principal Place of Business
 1918 Harley Ave.
 Sarasota, FL 34235

3. Mailing Address
 32693
 Sarasota FL 34232

City & State
 Sarasota FL 34235

City & State
 Sarasota FL 34232


Zip
 34235

Country
 Sarasota

Zip
 34232

Country

50063754



08082005 Chg-NP CR2E037 (10/03)

4. FEI Number
 APPLIED FOR 56-2409425
 ETN

Applied For
 Not Applicable

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
 Same Name Hines, Roberta

Street Address (P.O. Box Number is Not Acceptable)
 New address 1918 Harley Ave

City
 Sarasota

FL

Zip Code
 34235

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 President DATE 8/18/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 7, 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 NAME STREET ADDRESS CITY-ST-ZIP	P HINES, ROBERTA 2441 22ND ST. SARASOTA, FL 34234 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WATKINS, CHADWICK 2072 HILVIEW ST. SARASOTA, FL 34239 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, MYNDEL 2106 FERN AVE. SARASOTA, FL 31235 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM WATKINS, MARIER 5797 GARDEN DR. SARASOTA, FL 34243 <input type="checkbox"/> Delete <i>Miss Spelled Mari + Not Correct Spelling</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM SMITH, KELLI 3224 RAMBLE WOOD DR. SOUTH SARASOTA, FL 34237 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM WALKER, MARGARET 2725 17 ST. SARASOTA, FL 34234 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Aug 8, 05 Daytime Phone # 539-8939
313-6284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR