

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90047 001 ****61.25
 09-06-2006 90047 002 *****8.75



DOCUMENT # N03000009289
 1. Entity Name
ROBERTA HINES MINISTRIES, INC.

Principal Place of Business
 1918 HARLEY AVE
 SARASOTA, FL 34235

Mailing Address
 P.O. BOX 52693
 SARASOTA, FL 34232

2. Principal Place of Business
 2485 Bucida Dr. Sarasota FL 34232
 Suite, Apt. #, etc.

3. Mailing Address
 52693 Sarasota FL 34232
 Suite, Apt. #, etc.

City & State
 Sarasota Florida 34232

City & State
 Sarasota Florida 34232

Zip Country
 34232 Sarasota 34232



09012006 Chg-NP CR2E037 (4/06)

4. FEI Number
 56-2409425

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 HINES, ROBERTA
 1918 HARLEY AVE
 SARASOTA, FL 34235

7. Name and Address of New Registered Agent
 Name
 Same Name / Hines, Roberta
 Street Address (P.O. Box Number is Not Acceptable)
 New 2485 Bucida Dr.
 City
 Sarasota FL Zip Code
 34232

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 Sept 11/06

Signature, typed or printed name of registered agent and title, as applicable. (NOTE: Registered Agent's signature required when reappointing)

Filing Fee is \$61.25 Due by September 6, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HINES, ROBERTA 2441 22ND ST. SARASOTA, FL 34234 <i>Delete address only</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>add New Address</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2485 Bucida Drive Sarasota FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WATKINS, CHADWICK 2072 HILVIEW ST. SARASOTA, FL 34239	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM WATKINS, MARLEA <i>Miss Spark</i> 5797 GARDEN DR. SARASOTA, FL 34243 <i>Watkins, Mariea</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM SMITH, KELLI 3224 RAMBLE WOOD DR.SOUTH SARASOTA, FL 34237	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM WALKER, MARGARET 2725 17 ST. SARASOTA, FL 34234	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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Sept 11/06 539-8939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR