2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Sep 06, 2006 8:00 am Secretary of State **DOCUMENT # N03000009289** 09-06-2006 90047 001 ****61.25 1. Entity Name 09-06-2006 90047 002 *****8.75 ROBERTA HINES MINISTRIES, INC. Principal Place of Business Mailing Address 7 1 1 U H U V V P.O. BOX 52693 1918 HARLEY AVE SARASOTA, FL 34235 SARASOTA, FL 34232 2. Principal Place of Business 3. Maiting Address 2485 BucidaDe 52693 Barasita FL. 34232 09012006 Chg-NP CR2E037 (4/06) City & State 4. FEI Number 56-2409425 City & State Applied For Not Applicable Florido 3423: Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 341 Fee Required 34232 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HINES, ROBERTA eet Address (P.O. Box Number is Not Acceptable 1918 HARLEY AVE SARASOTA, FL 34235 Zip Code avasota <u> 342730</u> 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. (NOTE: Registered Agent aignature required wage rewistating Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 6, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE □ Delete TITLE Addition ☐ Channe add New Address NAME HINES, ROBERTA NAME Belete address onto STREET ADDRESS 2441 22ND ST. 2485 Bucida Drive STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34234 CITY-ST-ZIP Sara 80 ta F2. 34232 TITLE ☐ Delete TITLE ☐ Change □ Addition WATKINS, CHADWICK NAME STREET ADDRESS 2072 HILVIEW ST. STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34239 CITY-ST-ZIP TITY F ☐ Detete TITLE □ Change ☐ Addition WATKINS, MARLEA MISS Speth NAME MAME Watkins, 5797 GARDEN DR. Vlariea STREET ADDRESS STREET ADDRESS SARASOTA, FL 34243 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition SMITH, KELLI LAME NAME 3224 RAMBLE WOOD DR.SOUTH STREET ADORESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34237 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition WALKER, MARGARET NAME STREET ADDRESS 2725 17 ST. STREET ADDRESS SARASOTA, FL 34234 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED