

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 14, 2007 8:00 am**  
**Secretary of State**

09-14-2007 90003 039 \*\*\*\*70.00



DOCUMENT # N03000009289

1. Entity Name  
 ROBERTA HINES MINISTRIES, INC.

Principal Place of Business  
 2485 BUCIDA DR  
 SARASOTA, FL 34232

Mailing Address  
 P.O. 52693  
 SARASOTA, FL 34232

2. Principal Place of Business - No P.O. Box #  
 4755 Meredith LN  
 Suite, Apt. #, etc.

3. Mailing Address  
 P.O. Box 52693  
 Suite, Apt. #, etc.

City & State  
 Sarasota Florida  
 Zip Country  
 34241 Sarasota

City & State  
 Sarasota Florida  
 Zip Country  
 34232 Sarasota



09062007 Chg-NP CR2E037 (12/06)

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  
 2485 BUCIDA DR  
 SARASOTA, FL 34232

7. Name and Address of New Registered Agent  
 Name Same Name / Hines, Roberta  
 Street Address (P.O. Box Number is Not Acceptable)  
 4755 Meredith LN  
 City Sarasota FL Zip Code 34241

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)  
 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 14, 2007**

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	P	<input type="checkbox"/> Delete
NAME	HINES, ROBERTA	
STREET ADDRESS	2485 BUCIDA DR	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WATKINS, CHADWICK	
STREET ADDRESS	2072 HILVIEW ST.	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	BM	<input type="checkbox"/> Delete
NAME	WATKINS, MARIEA	
STREET ADDRESS	5797 GARDEN DR.	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	BM	<input type="checkbox"/> Delete
NAME	SMITH, KELLI	
STREET ADDRESS	3224 RAMBLE WOOD DR.SOUTH	
CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE	BM	<input type="checkbox"/> Delete
NAME	WALKER, MARGARET	
STREET ADDRESS	2725 17 ST.	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	add new address	
STREET ADDRESS	4755 Meredith LN	
CITY-ST-ZIP	Sarasota FL 34241	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roberta Hines  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 6 / 07 539-9221  
 Date Daytime Phone #