

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000908

FILED  
May 16, 2007  
Secretary of State

**Entity Name:** HEALTH MINISTRY RESOURCE INSTITUTE, INC.

**Current Principal Place of Business:**

19740 NE 24TH COURT  
NMB, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4352  
HALLANDALE, FL 330084352

**New Mailing Address:**

FEI Number: 56-2435493      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MORGAN-SMITH, GINA MD  
19740 NE 24TH COURT  
NMB, FL 33180 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: MORGAN-SMITH, GINA MD  
Address: 19740 NE 24TH COURT  
City-St-Zip: NMB, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GINA MORGAN-SMITH

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05/16/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date