

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

FILED
Jun 04, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000002027	
1. Entity Name HIS MINISTRY INC.	
Principal Place of Business 17-18 CHAPEL TREE CIRCLE APT G BRANDON, FL 33551	Mailing Address 17-18 CHAPEL TREE CIRCLE APT G BRANDON, FL 33551



05312007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1646204	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TURANE HILL, PAMELA JUANITA 17-18 CHAPEL TREE CIRCLE APT G BRANDON, FL 33551	DO NOT WRITE IN THIS SPACE
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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: *Pamela J. Turane-Hill* 5/8/07
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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURANE HILL, PAMELA JUANITA 17-18 CHAPEL TREE CIRCLE APT G BRANDON, FL 33551
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HILL, RHIANNON 1718 CHAPEL TREE CIRCLE APT G BRANDON, FL 33551
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SERGENT, MEAGAN 105-07 131 ST JAMAICA, NY 11419
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNINGS HAMPTON, BRENDA 171-17 105 AVE JAMIACA, NY 11433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIKES, MARJORIE 171-17 105 AVEREE CIRCLE APT G JAMAICA, NY 11433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000765827
06/04/07-80006-012 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Pamela J. Turane-Hill* 5/8/07 813651-1255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #