

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002027

FILED
Sep 23, 2009
Secretary of State

Entity Name: HIS MINISTRY INC.

Current Principal Place of Business:

17-18 CHAPEL TREE CIRCLE
APT G
BRANDON, FL 33551

New Principal Place of Business:

9209 STONE RIVER PLACE
RIVERVIEW, FL 33578

Current Mailing Address:

17-18 CHAPEL TREE CIRCLE
APT G
BRANDON, FL 33551

New Mailing Address:

9209 STONE RIVER PLACE
RIVERVIEW, FL 33578

FEI Number: 42-1646204 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:

TURANE- HILL, PAMELA J
17-18 CHAPEL TREE CIRCLE
APT G
BRANDON, FL 33551 US

Name and Address of New Registered Agent:

TURANE- HILL, PAMELA J
9209 STONE RIVER PLACE
RIVERVIEW, FL 33578 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:

09/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TURANE- HILL, PAMELA J
Address: 17-18 CHAPEL TREE CIRCLE APT G
City-St-Zip: BRANDON, FL 33551

Title: VD () Delete
Name: HILL, RHIANNON
Address: 1718 CHAPEL TREE CIRCLE APT G
City-St-Zip: BRANDON, FL 33551

Title: SD () Delete
Name: SERGENT, MEAGAN
Address: 105-07 131 ST
City-St-Zip: JAMAICA, NY 11419

Title: D () Delete
Name: JENNINGS- HAMPTON, BRENDA
Address: 171-17 105 AVE
City-St-Zip: JAMIACA, NY 11433

Title: TD () Delete
Name: DIKES, MARJORIE
Address: 171-17 105 AVEREE CIRCLE APT G
City-St-Zip: JAMAICA, NY 11433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TURANE- HILL, PAMELA J
Address: 9209 STONE RIVER PLACE
City-St-Zip: RIVERVIEW, FL 33578

Title: VD (X) Change () Addition
Name: HILL, RHIANNON
Address: 9209 STONE RIVER PLACE
City-St-Zip: RIVERVIEW, FL 33578

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

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

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: PAMELA J TURANE-HILL

PD

09/23/2009

Electronic Signature of Signing Officer or Director

Date