2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000012197

1. Entity Name
HIS PLACE MINISTRIES EAST COAST, INC.

Principal Place of Business	Mailing Address
1824 SOUTH HARBOR CITY BLVD.	1824 SOUTH HARBOR CITY BLVD.
MELBOURNE, FL 32901	MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE

01172007 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
26-0130464	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, TERRY
330 WATSON DRIVE
INDIALANTIC, FL 32903

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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 _TERRY L. MORRIS_   _1/17/07_
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 May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U000000606810
01/31/07-80011-017 61.25

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	MORRIS, TERRY
STREET ADDRESS	330 WATSON DRIVE
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	VP
NAME	MOUNTAIN, NOEL
STREET ADDRESS	701 SOUTH PALM AVENUEY BLVD.
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	ST
NAME	MORRIS, BETTY
STREET ADDRESS	330 WATSON DRIVE
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ _TERRY L. MORRIS PRES._ _1/17/07_ _321-674-5009_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #