2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2008
Secretary of State

DOCUMENT# N05000012197

Entity Name: HIS PLACE MINISTRIES EAST COAST, INC.

Current Principal Place of Business:

1824 SOUTH HARBOR CITY BLVD.
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1824 SOUTH HARBOR CITY BLVD.
MELBOURNE, FL 32901

New Mailing Address:

P.O. BOX 034068
INDIALANTIC, FL 32903

FEI Number: 26-0130464 **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:

MORRIS, TERRY
330 WATSON DRIVE
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

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: P ( ) Delete
Name: MORRIS, TERRY
Address: 330 WATSON DRIVE
City-St-Zip: INDIALANTIC, FL 32903

Title: VP ( ) Delete
Name: MOUNTAIN, NOEL
Address: 701 SOUTH PALM AVENUEY BLVD.
City-St-Zip: INDIALANTIC, FL 32903

Title: ST ( ) Delete
Name: MORRIS, BETTY
Address: 330 WATSON DRIVE
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: MOUNTAIN, NOEL
Address: 701 SOUTH PALM AVENUE
City-St-Zip: INDIALANTIC, FL 32903

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: TERRY L. MORRIS PRES 07/19/2008
Electronic Signature of Signing Officer or Director — Date