

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005003

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** HINSON INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

P.O. BOX 357777  
GAINESVILLE, FL 32635

**New Principal Place of Business:**

600 NW 122ND ST  
GAINESVILLE, FL 32607

**Current Mailing Address:**

P.O. BOX 357777  
GAINESVILLE, FL 32635

**New Mailing Address:**

FEI Number: 20-4770927      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

HINSON, MICHAEL  
600 N.E. 122ND STREET  
GAINESVILLE, FL 32607      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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: PRES ( ) Change (X) Addition  
Name: HINSON, JAMES MICHAEL  
Address: 600 NW 122ND ST  
City-St-Zip: GAINESVILLE, FL 32607

Title: DIR ( ) Change (X) Addition  
Name: STOCKTON, SHIRLEY  
Address: 460 GARDEN LANE  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: DIR ( ) Change (X) Addition  
Name: CUNY, PAUL  
Address: 35 RAMONA DR  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: MICHAEL HINSON

PRES

04/27/2007

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

\_\_\_\_\_  
Date