

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003135

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: HOW YA LIVIN MINISTRIES, INC

## Current Principal Place of Business:

6880 LAWRENCE ROAD  
LANTANA, FL 33462

## New Principal Place of Business:

6880 LAWRENCE ROAD  
LECTURE HALL  
LANTANA, FL 33462

## Current Mailing Address:

HOW YA LIVIN MINISTRIES P.O. BOX 740214  
BOYNTON BEACH, FL 33474 02

## New Mailing Address:

FEI Number: 26-1331840      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HUNTER, THOMAS PASTOR  
6240 BARTON CREEK CIR.  
LAKE WORTH, FL 33463 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: D ( ) Delete  
Name: HUNTER, THOMAS  
Address: 6240 BARTON CREEK CIR.  
City-St-Zip: LAKE WORTH, FL 33463

Title: D ( ) Delete  
Name: HYLTON, WORRELL  
Address: NW 47TH AVE.  
City-St-Zip: COCONUT CREEK, FL 33063

Title: D ( ) Delete  
Name: NEWMAN, LUCIA  
Address: 4160 NW 49 TERR.  
City-St-Zip: LAUDERDALE LAKES, FL 33319

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: THOMAS HUNTER

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date