2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008
Secretary of State

DOCUMENT# N07000003210

Entity Name: HUMANITARIAN MINISTRIES, INC.

Current Principal Place of Business:

3226 VAN BUREN AVE
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

3226 VAN BUREN AVE
NAPLES, FL 34112

New Mailing Address:

FEI Number: 20-8588937 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWELL, DWIGHT
3226 VAN BUREN AVE
NAPLES, FL 34112 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: POWELL, DWIGHT
Address: 3226 VAN BUREN AVE
City-St-Zip: NAPLES, FL 34112 US

Title: V PR ( ) Change (X) Addition
Name: TOWNSEND, RICKY
Address: 1184 FAWN HALLOW TRAIL
City-St-Zip: TOWNSEND, TN 37882

Title: S/T ( ) Change (X) Addition
Name: WORKMAN, SHARON
Address: 3226 VAN BUREN AVE
City-St-Zip: NAPLES, FL 34112

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: DWIGHT POWELL PRES 01/28/2008

Electronic Signature of Signing Officer or Director — Date