


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90028 009 ****61.25

DOCUMENT # N07000009403 1. Entity Name H.U.G.G. MINISTRIES INC			
Principal Place of Business 1300 LAUREL DR 1300 DAYTONA BCH, FL 32117		Mailing Address 1300 LAUREL DR 1300 DAYTONA BCH, FL 32117	
2. Principal Place of Business - No P.O. Box # 1300 LAUREL DR Suite, Apt. #, etc.		3. Mailing Address 1300 LAUREL DR Suite, Apt. #, etc.	
City & State DAYTONA BEACH, FL. Zip 32117		City & State DAYTONA BEACH, FL. Zip 32117	
Country USA		Country USA	
4. FEI Number 26-0606815		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LINTON, A RENAYE 807 ST JOHNS AVE PALATKA, FL 32177		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME BROWN, GENE STREET ADDRESS 1300 LAUREL DR CITY-ST-ZIP DAYTONA BCH, FL 32117	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME BROWN, VELMA STREET ADDRESS 1300 LAUREL DR CITY-ST-ZIP DAYTONA BCH, FL 32117	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SEC NAME BROWN, JAMECA STREET ADDRESS 1300 LAUREL DR CITY-ST-ZIP PALATKA, FL 32117	<input type="checkbox"/> Delete	TITLE SEC NAME BROWN, JAMECA STREET ADDRESS 1300 LAUREL DRIVE CITY-ST-ZIP DAYTONA BEACH, FL 32117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Gene A. Brown</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/14/08</u> Daytime Phone # <u>(386) 679-5880</u>	

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