

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012349

FILED
Jul 10, 2008
Secretary of State

Entity Name: HE STILL CARES MINISTRIES, INC.

Current Principal Place of Business:

3020 NW 174 ST
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

3020 NW 174 ST
MIAMI, FL 33056

New Mailing Address:

FEI Number: 75-3265038 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:

SCOTT, DELVIN
3020 NW 174 ST
MIAMI, FL 33056 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: PD () Delete
Name: SCOTT, DELVIN
Address: 3020 NW 174 ST
City-St-Zip: MIAMI, FL 33056

Title: VPD () Delete
Name: SCOTT, ESSIENELLA
Address: 3020 NW 174 ST
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: JACKSON, EATON
Address: 571 NE 170 ST
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D () Delete
Name: CHRISTIE, MARLANDO
Address: 990 NE 160 ST
City-St-Zip: MIAMI, FL 33162

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:

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: DELVIN SCOTT

_____ Electronic Signature of Signing Officer or Director

PRES

07/10/2008

_____ Date