

# 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

PRES

07/10/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date