2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2010
Secretary of State

DOCUMENT# N09000006310

Entity Name: HIS PROMISE MINISTRIES, INC.

Current Principal Place of Business:

1106 OLD MILL RUN
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

1106 OLD MILL RUN
DELAND, FL 32724

New Mailing Address:

FEI Number: 90-0502549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURT, DAVID A
501 SOUTH RIDGEWOOD AVE
DAYTONA BEACH, FL 32114 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
Name: MORGANELLI, KATHY
Address: 1106 OLD MILL RUN
City-St-Zip: DELAND, FL 32724

Title: O
Name: MORGANELLI, AL
Address: 1106 OLD MILL RUN
City-St-Zip: DELAND, FL 32724

Title: D
Name: WHITFIELD, TARA
Address: 1796 CEDARBROOK DRIVE
City-St-Zip: COLUMBIA, SC 29212

Title: D
Name: MILLER, GRACIA
Address: 150 ZENITH POINTE
City-St-Zip: GENEVA, FL 29212

Title: D
Name: HAYWOOD, LINDA
Address: FOUR WAKEFIELD PLACE
City-St-Zip: PALM COAST, FL 32164

Title: D
Name: ODELL, ALICE PASTOR
Address: 170 LINCREEK DRIVE
City-St-Zip: COLUMBIA, SC 29212

I hereby 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 all other like empowered.

SIGNATURE: KATHRYN MORGANELLI D 01/08/2010

Electronic Signature of Signing Officer or Director Date