

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004260

FILED  
Mar 09, 2011  
Secretary of State

**Entity Name:** HE REIGNS INTERDENOMINATIONAL MINISTRIES INC.

**Current Principal Place of Business:**

10401 NW 17 AVE.UNIT 103  
MIAMI, FL 331471440

**New Principal Place of Business:**

10401 NW 17 AVENUE  
UNIT#103  
MIAMI, FL 331471440

**Current Mailing Address:**

10401 NW 17 AVE.UNIT 103  
MIAMI, FL 331471440

**New Mailing Address:**

10401 NW 17 AVENUE  
UNIT#103  
MIAMI, FL 331471440

**FEI Number:** 90-0597426

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

TRIMMINGS, MARK R  
10401 NW 17 AVE. UNIT 103  
MIAMI, FL 331471440 US

**Name and Address of New Registered Agent:**

TRIMMINGS, MARK R PASTOR  
10401 NW 17 AVENUE  
UNIT#103  
MIAMI, FL 331471440 US

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: MARK R.TRIMMINGS, PASTOR

03/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: TRIMMINGS, MARK R REV  
Address: 10401 NW 17 AVE.UNIT 103  
City-St-Zip: MIAMI, FL 331471440

Title: VP  
Name: TRIMMINGS, GAIL EVANG.  
Address: 10401 NW 17 AVE.UNIT 103  
City-St-Zip: MIAMI, FL 331471440

Title: T  
Name: CLARK, CALVIN  
Address: 10401 NW 17 AVE.UNIT 103  
City-St-Zip: MIAMI, FL 331471440

Title: ADM.  
Name: JONES, LISA  
Address: 10401N.W.17AVENUE UNIT#103  
City-St-Zip: MIAMI, FL 331471440

Title: D  
Name: GARVIN, CATHERINE A  
Address: 2259 NW 63 ST.  
City-St-Zip: MIAMI, FL 33147

Title: D  
Name: TAYLOR, ALFONSO  
Address: 1035 NW 46 ST  
City-St-Zip: MIAMI, FL 33127

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: MARK R. TRIMMINGS,PASTOR/ DIRECTOR

PD

03/09/2011

Electronic Signature of Signing Officer or Director

Date