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Jun 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11790 (5)

1. Corporation Name
HOME MINISTRIES, INC.

Principal Place of Business	Mailing Address
C/O FLORENCE DARIAS 419 EAST ADALEE STREET TAMP FL 33603	C/O FLORENCE DARIAS 419 EAST ADALEE STREET TAMP FL 33603-5901

3. Date Incorporated or Qualified: 10/29/1985
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-3023031 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

DARIAS, FLORENCE
419 E. ADALEE STREET
TAMPA FL 33603

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DARIAS, FLORENCE		1.2 NAME		
STREET ADDRESS	419 E. ADALEE ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	VCD	☑ DELETE	2.1 TITLE	VCD	☐ Change ☑ Addition
NAME	[redacted]		2.2 NAME	Patricia	
STREET ADDRESS	~~3018 N CENTRAL~~		2.3 STREET ADDRESS	4496 Barrett Court	
CITY-ST-ZIP	~~TAMPA FL~~		2.4 CITY-ST-ZIP	Tampa, FL 33617	
TITLE	D	☑ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	[redacted]		3.2 NAME	FRANK, Rodney	
STREET ADDRESS	~~3018 N CENTRAL~~		3.3 STREET ADDRESS	1227 E. 142 Ave. "A"	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tampa FL 33613	
TITLE	D	☑ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME	CLIATT, ANSEL		4.2 NAME	FRANK, Yvonne	
STREET ADDRESS	1646 ALICIA-NUNEZ CT		4.3 STREET ADDRESS	1227 E 142 Ave. "A"	
CITY-ST-ZIP	STOCKTON CA		4.4 CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	D	☑ DELETE	5.1 TITLE		☐ Change ☑ Addition
NAME	[redacted]		5.2 NAME	Bones, Jill	
STREET ADDRESS	[redacted]		5.3 STREET ADDRESS	4209 14th St Apt "B"	
CITY-ST-ZIP	[redacted]		5.4 CITY-ST-ZIP	Tampa, FL 33605	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BASSETT, COLIOUS		6.2 NAME		
STREET ADDRESS	419 E ADALEE ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Florence B. Darias Florence B. Darias 5/24/97 (813) 229-2345