NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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1. Corporation Name

HOME MINISTRIES, INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/29/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3023031 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DARIAS, FLORENCE 419 E. ADALEE STREET TAMPA FL 33603-5901	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	TAMPA, FL 33603-5901	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JONES, JILL		2.2 NAME		
STREET ADDRESS	4209 N. 14TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33606		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	RODNEY, FRANK		3.2 NAME	Jones, Noah	
STREET ADDRESS	12009 15TH ST.		3.3 STREET ADDRESS	419 E. Adalee Street	
CITY-ST-ZIP	TAMPA FL 33612		3.4 CITY-ST-ZIP	Tampa, FL 33603-5901	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CLAITT, ANSEL		4.2 NAME		
STREET ADDRESS	1646 ALICIA-NUNEZ CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	STOCKTON CA 95206		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	RODNEY, YVONNE		5.2 NAME	Eliatt, Ieisha	
STREET ADDRESS	12009 15TH ST		5.3 STREET ADDRESS	419 E. Adalee Street	
CITY-ST-ZIP	TAMPA FL 33612		5.4 CITY-ST-ZIP	Tampa, FL 33603-5901	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, FLORENCE P		6.2 NAME		
STREET ADDRESS	419 E ADALEE ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33603		6.4 CITY-ST-ZIP	TAMPA, FL 33603-5901	

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14. I 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, with all other like empowered.

SIGNATURE: Florence B. Darias SIGNATURE REQUIRED Florence B. Darias 5/28/99 (813) 229-2345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #