2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2004
Secretary of State

DOCUMENT# N11790

Entity Name: HOME MINISTRIES, INC.

Current Principal Place of Business:

C/O FLORENCE DARIAS
419 EAST ADALEE STREET
TAMP, FL 336035901 US

New Principal Place of Business:

Current Mailing Address:

C/O FLORENCE DARIAS
419 EAST ADALEE STREET
TAMP, FL 336035901 US

New Mailing Address:

FEI Number: 59-3023031 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DARIAS, FLORENCE
419 E. ADALEE STREET
TAMPA, FL 336035901 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:	PTD	( ) Delete
Name:	DARIAS, FLORENCE,	
Address:	419 E. ADALEE ST.	
City-St-Zip:	TAMPA, FL 336035901	
Title:	D	(X) Delete
Name:	JONES, JILL	
Address:	4209 N. 14TH STREET	
City-St-Zip:	TAMPA, FL 33606 US	
Title:	D	( ) Delete
Name:	CLAITT, ANSEL	
Address:	1646 ALICIA-NUNEZ CT	
City-St-Zip:	STOCKTON, CA 95206 US	
Title:	D	( ) Delete
Name:	CLIATT, IEISHA	
Address:	419 E. ADALEE ST	
City-St-Zip:	TAMPA, FL 336035901 US	
Title:	D	( ) Delete
Name:	DAVIS, FLORENCE P	
Address:	419 E ADALEE ST.	
City-St-Zip:	TAMPA, FL 336035901 US	
Title:	D	( ) Delete
Name:	BASSETT, COLIOUS E	
Address:	4802 CENTRAL AVENUE	
City-St-Zip:	TAMPA, FL 336035901	

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:	
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 for the exemption stated in Section 119.07(3)(i), 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: FLORENCE DARIAS PTD 06/13/2004

Electronic Signature of Signing Officer or Director — Date