

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11790

FILED
Jun 11, 2007
Secretary of State

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DARIAS, FLORENCE
419 E. ADALEE STREET
TAMPA, FL 336035901 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: _____

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 () Delete
Name: CLAITT, BELINDA P
Address: 419 E. ADALEE ST.
City-St-Zip: TAMPA, FL 33603 US

Title: D () Delete
Name: CLIAIT, 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: D (X) Change () Addition
Name: CLAITT, GAILEND A P
Address: 419 E. ADALEE ST.
City-St-Zip: TAMPA, FL 33603 US

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 exemption stated in Chapter 119, 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 BASSETT DARIAS

PTD

06/11/2007

Electronic Signature of Signing Officer or Director

Date