

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11790

FILED
Apr 19, 2009
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 (X)

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 () Delete
Name: CLAITT, GAILEND A 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: 419 E ADALEE ST.
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:

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 DARIAS

PTD

04/19/2009

Electronic Signature of Signing Officer or Director

Date