

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11790

FILED  
Apr 17, 2012  
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  
Name: DARIAS, FLORENCE  
Address: 419 E. ADALEE ST.  
City-St-Zip: TAMPA, FL 336035901

Title: D  
Name: SYLVESTER, GAILEND A P  
Address: 419 E. ADALEE ST.  
City-St-Zip: TAMPA, FL 33603 US

Title: D  
Name: CLIATT, IEISHA  
Address: 419 E. ADALEE ST  
City-St-Zip: TAMPA, FL 336035901 US

Title: D  
Name: BASSETT, COLIOUS P  
Address: 419 E ADALEE ST.  
City-St-Zip: TAMPA, FL 336035901 US

I hereby 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 all other like empowered.

SIGNATURE: FLORENCE B. DARIAS

PTD

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date