


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90025 008 \*\*\*\*61.25

<b>DOCUMENT # N17025</b> 1. Entity Name <b>HIS IMAGE MINISTRIES, INC.</b>	
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Principal Place of Business <b>1539 CESCERY BLVD 2044 SPRINKLE DR. JACKSONVILLE, FL 32211 US</b>	Mailing Address <b>C/O ELDON L. DEWITT 2044 SPRINKLE DR. JACKSONVILLE, FL 32211</b>
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**DO NOT WRITE IN THIS SPACE**



03202006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-2714851</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DEWITT, ELDON L.  
2044 SPRINKLE DR.  
JACKSONVILLE, FL 32211**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Eldon Dewitt (NOTE: Registered Agent signature required when reinstating) DATE 3-20-06

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEWITT, ELDON L. 2044 SPRINKLE DR. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEWITT, PATRICIA 2044 SPRINKLE DR JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PERRY, ANITA <u>Delete</u> 3219 CESCERY BLVD JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D Bob Henry addition</u> <u>P.O. Box 398</u> <u>Green Cove Springs FL 32043</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eldon Dewitt DATE 3-20-06 DAYTIME PHONE # 904-743-9094