

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N18413** (7)
1. Corporation Name
HIS PROMISE MINISTRIES, INC.



Principal Place of Business: 218 HIGH POINT DR VENICE FL 34292
Mailing Address: 218 HIGH POINT DR. VENICE FL 34292

3. Date Incorporated or Qualified: 12/23/1986
3a. Date of Last Report: 03/15/1995
4. FEI Number: 59-2764466
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: STOCKHAM, SUSAN L. 2520 TAMiami TRl S. SARASOTA FL 34239
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, (P.O. Box Number is Not Acceptable), 83, 84 City, FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NAME: Registered Agent's printable response when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: LIEBMANN, JOE	11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 180 AURORA RD.	CITY-ST-ZIP: VENICE FL	12 NAME:	
		13 STREET ADDRESS:	
		14 CITY-ST-ZIP:	
TITLE: SD	NAME: LIEBMANN, MARGE	21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 180 AURORA RD.	CITY-ST-ZIP: VENICE FL	22 NAME:	
		23 STREET ADDRESS:	
		24 CITY-ST-ZIP:	
TITLE: TD	NAME: GREGORY, DIANA	31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 218 HIGH PT DR.	CITY-ST-ZIP: VENICE FL	32 NAME:	
		33 STREET ADDRESS:	
		34 CITY-ST-ZIP:	
TITLE:	NAME:	41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		42 NAME:	
CITY-ST-ZIP:		43 STREET ADDRESS:	
		44 CITY-ST-ZIP:	
TITLE:	NAME:	51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		52 NAME:	
CITY-ST-ZIP:		53 STREET ADDRESS:	
		54 CITY-ST-ZIP:	
TITLE:	NAME:	61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		62 NAME:	
CITY-ST-ZIP:		63 STREET ADDRESS:	
		64 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Diana H. Gregory* *Diana H. Gregory* 3/27/96 941-484-1716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)