

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                |                                                                             |                                                                                     |                                                                |                                                                                                                                                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N47916</b><br>1. Entity Name<br><b>HIS LOVE IN ACTION MINISTRY, INC.</b>                                                                                                                                         |                                                                             |                                                                                     |                                                                |                                                                                                                                                  |  |
| Principal Place of Business<br><b>6523 3 AVE NE<br/>BRADENTON FL 34208</b>                                                                                                                                                     |                                                                             |                                                                                     | Mailing Address<br><b>6523 3 AVE NE<br/>BRADENTON FL 34208</b> |                                                                                                                                                  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                          |                                                                             |                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                      |                                                                                                                                                  |  |
| City & State                                                                                                                                                                                                                   |                                                                             |                                                                                     | City & State                                                   |                                                                                                                                                  |  |
| Zip                                                                                                                                                                                                                            |                                                                             | Country                                                                             |                                                                | 4. FEI Number<br><b>65-0321703</b>                                                                                                               |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                      |                                                                             |                                                                                     |                                                                | Applied For<br>Not Applicable                                                                                                                    |  |
| 5. Name and Address of Current Registered Agent<br><br><b>LEE, H. GREG<br/>2014 4 ST<br/>SARASOTA FL 34237</b>                                                                                                                 |                                                                             |                                                                                     |                                                                | 7. Name and Address of New Registered Agent<br>Name <b>None</b><br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____                                                                                                                                          |                                                                             |                                                                                     |                                                                |                                                                                                                                                  |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b>                                                                                                                                                                         |                                                                             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                           |  |
| <b>Make Check Payable to<br/>Florida Department of State</b>                                                                                                                                                                   |                                                                             |                                                                                     |                                                                |                                                                                                                                                  |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                     |                                                                             |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10          |                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | <b>P<br/>LINDER, CARMEN<br/>6523 3 AVE. NE<br/>BRADENTON FL 34208</b>       | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Add<br><b>UN0000447891<br/>03/08/06-80073-017 \$1.25</b>                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | <b>VP<br/>COX, MERLE<br/>1202 24TH AVENUE WEST<br/>BRADENTON FL 34201</b>   | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | <b>S<br/>STUTZMAN, MARY<br/>13531 4TH AVE NE<br/>BRADENTON FL 34202</b>     | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | <b>T<br/>STUTZMAN, VICTOR<br/>13531 4TH AVE NE<br/>BRADENTON FL 34202</b>   | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | <b>A<br/>BRUNER, ROBERT<br/>1356 DANIELLE COURT<br/>CHESAPEAKE VA 23320</b> | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | <input type="checkbox"/> Delete                                             | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                     |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Carmen Linder* *2/22/06*