2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# N94000004027

Entity Name: HIS FOUR...MINISTRIES, INC.

Current Principal Place of Business:

23331 LEHIGH AVE
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

Current Mailing Address:

23331 LEHIGH AVE
PORT CHARLOTTE, FL 33954

New Mailing Address:

FEI Number: 65-0342557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REUTER, CHERYL
23331 LEHIGH AVE
PORT CHARLOTTE, FL 33954 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:	PD	( ) Delete
Name:	REUTER, JAMES	
Address:	23331 LEHIGH AVE	
City-St-Zip:	PORT CHARLOTTE, FL 33954	
Title:	VDST	( ) Delete
Name:	REUTER, CHERYL	
Address:	23331 LEHIGH AVE	
City-St-Zip:	PORT CHARLOTTE, FL 33954	
Title:	D	( ) Delete
Name:	BOSTWICK, STEVEN	
Address:	PO BOX 512295	
City-St-Zip:	PUNTA GORDA, FL 33951	
Title:	T	( ) Delete
Name:	SERRELL, DANIEL	
Address:	2534 IVANHOE ST	
City-St-Zip:	PORT CHARLOTTE, FL 33952	
Title:	D	( ) Delete
Name:	FRANK, WILLIAM	
Address:	25582 TANGELO S	
City-St-Zip:	PORT CHARLOTTE, FL 33980	
Title:	D	(X) Delete
Name:	SLOAN, DOUGLAS	
Address:	2059 LEISURE ST	
City-St-Zip:	PORT CHARLOTTE, FL 33948	

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:	D	(X) Change ( ) Addition
Name:	SLOAN, DOUGLAS	
Address:	2059 LEISURE ST	
City-St-Zip:	PORT CHARLOTTE, FL 33948	
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: CHERYL A REUTER VP 04/27/2007

Electronic Signature of Signing Officer or Director — Date