## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000004424

Entity Name: UNTO HIM MINISTRIES, INC.

FILED Jul 17, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2136 CHIPPEWA TR. MAITLAND, FL 32751 US **Current Mailing Address: New Mailing Address:** P.O. BOX 941381 MAITLAND, FL 327941381 FEI Number: 59-3336193 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HEMPHILL, BARBARA 2136 CHIPPEWA TRAIL MAITLAND, FL 32751 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SINGLETON, DWIGHT Name: Name: 2413 ROCK LN Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: () Delete Title: () Change () Addition THOMPSON, NANCY Name: Name: Address: 5310 LAKE HOWELL RD. Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: () Delete Title: () Change () Addition MC COY, MEDFORD Name: Name: 412 SHENANDOAH DR Address: Address: City-St-Zip: BURLESON, TX 76028 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: SPEARS, WAYNE Name: 546 OSPREY LAKES CIR Address: Address: City-St-Zip: CHULUOTA, FL 32766 City-St-Zip: Title: VD () Delete Title: () Change () Addition HEMPHILL, JOHN Name: Name: 2136 CHIPPEWA TR Address: Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: Title: () Delete Title: () Change () Addition HALL, JAMES R Name: Name: Address: 310 MONTICELLO DR Address: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: 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: JOHN D. HEMPHILL JR. VD 07/17/2007