

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004424

FILED
Mar 29, 2008
Secretary of State

Entity Name: UNTO HIM MINISTRIES, INC.

Current Principal Place of Business:

2136 CHIPPEWA TR.
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 941381
MAITLAND, FL 327941381

New Mailing Address:

FEI Number: 59-3336193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEMPHILL, BARBARA
2136 CHIPPEWA TRAIL
MAITLAND, FL 32751 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: D () Delete
Name: SINGLETON, DWIGHT
Address: 2413 ROCK LN
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: THOMPSON, NANCY
Address: 5310 LAKE HOWELL RD.
City-St-Zip: WINTER PARK, FL 32789

Title: TD () Delete
Name: MC COY, MEDFORD
Address: 412 SHENANDOAH DR
City-St-Zip: BURLESON, TX 76028

Title: D () Delete
Name: SPEARS, WAYNE
Address: 546 OSPREY LAKES CIR
City-St-Zip: CHULUOTA, FL 32766

Title: VD () Delete
Name: HEMPHILL, JOHN
Address: 2136 CHIPPEWA TR
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: HALL, JAMES R
Address: 310 MONTICELLO DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WILSON, PAM
Address: 4859 CHEROKEE DR.
City-St-Zip: ORLANDO, FL 32808

Title: VP (X) Change () Addition
Name: SPEARS, WAYNE
Address: 546 OSPREY LAKES CIR
City-St-Zip: CHULUOTA, FL 32766

Title: TR (X) Change () Addition
Name: HEMPHILL, JOHN
Address: 2136 CHIPPEWA TR
City-St-Zip: MAITLAND, FL 32751

Title: P (X) Change () Addition
Name: HALL, JAMES R
Address: 310 MONTICELLO DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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.

TR

03/29/2008

Electronic Signature of Signing Officer or Director

Date