


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 16 1997 8:00am  
Secretary of State

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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|--|

DOCUMENT # N96000004756 (0)

1. Corporation Name

H.P. MINISTRIES, INC.



|   |  |
|---|--|
| Principal Place of Business<br><b>617 BEECH ROAD<br/>WEST PALM BEACH FL 33409</b> | Mailing Address<br><b>617 BEECH ROAD<br/>WEST PALM BEACH FL 33409-6113</b> |
|---|--|

|                                |                     |                     |                     |  |  |  |  |
|--------------------------------|---------------------|---------------------|---------------------|--|--|--|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>09/12/1996</b>   |  | 3a. Date of Last Report  |  |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>65-0758373</b>   |  | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75</b> Additional Fee Required  |  |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  |  | <b>\$5.00</b> May Be Added to Fees   |  |
| 24                             | Country             | 29                  | Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent   |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| <b>QUIN, WILLOUGHBY<br/>1782 ABBEY ROAD<br/>APT. E-107<br/>WEST PALM BEACH FL 33415</b> |  |  |  | 81 Name   |  |  |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|   |  |  |  | 83  |  |  |  |
|   |  |  |  | 84 City   |  |  |  |
|   |  |  |  | 85 Zip Code   |  |  |  |

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                          |
|----------------------------|-----------------------------|---|--------------------------|
| TITLE                      | PD                          | 1.1 TITLE   | Robert Corey             |
| NAME                       | COREY, ROBERT               | 1.2 NAME  | 817 Beech Rd             |
| STREET ADDRESS             | 1970 SOUTH PARK ROAD #27B   | 1.3 STREET ADDRESS                                    | West Palm Beach FL 33409 |
| CITY-ST-ZIP                | HALLANDALE FL 33009         | 1.4 CITY-ST-ZIP                                       |                          |
| TITLE                      | STD                         | 2.1 TITLE   | Quin, Willoughby         |
| NAME                       | QUIN, WILLOUGHBY            | 2.2 NAME  | 1782 Abbey Rd. E-107     |
| STREET ADDRESS             | 1782 ABBEY ROAD, APT. E-107 | 2.3 STREET ADDRESS                                    | West Palm Beach FL       |
| CITY-ST-ZIP                | WEST PALM BEACH FL 33415    | 2.4 CITY-ST-ZIP                                       |                          |
| TITLE                      | D                           | 3.1 TITLE   | Lee, Roy Ewell           |
| NAME                       | LEE, ROY EWELL              | 3.2 NAME  | 817 Beech Rd             |
| STREET ADDRESS             | 817 BEECH ROAD              | 3.3 STREET ADDRESS                                    | West Palm B              |
| CITY-ST-ZIP                | WEST PALM BEACH FL 33409    | 3.4 CITY-ST-ZIP                                       |                          |
| TITLE                      |                             | 4.1 TITLE   |                          |
| NAME                       |                             | 4.2 NAME  |                          |
| STREET ADDRESS             |                             | 4.3 STREET ADDRESS                                    |                          |
| CITY-ST-ZIP                |                             | 4.4 CITY-ST-ZIP                                       |                          |
| TITLE                      |                             | 5.1 TITLE   |                          |
| NAME                       |                             | 5.2 NAME  | 200002214232             |
| STREET ADDRESS             |                             | 5.3 STREET ADDRESS                                    | -06/17/97--01019--026    |
| CITY-ST-ZIP                |                             | 5.4 CITY-ST-ZIP                                       | ***61.25                 |
| TITLE                      |                             | 6.1 TITLE   |                          |
| NAME                       |                             | 6.2 NAME  |                          |
| STREET ADDRESS             |                             | 6.3 STREET ADDRESS                                    |                          |
| CITY-ST-ZIP                |                             | 6.4 CITY-ST-ZIP                                       |                          |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 \_\_\_\_\_

CR2E037 (9/96)

6-16

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