

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90002 043 ****61.25

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1. Entity Name
FOR ALL "HIS" CHILDREN, CHRISTIAN MINISTRIES, INC.



Principal Place of Business
**777 DELTONA BLVD.
SUITE 24
DELTONA, FL 32725**

Mailing Address
**777 DELTONA BLVD.
SUITE 24
DELTONA, FL 32725 US**

54064508



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

07122004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-3450894

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GREGORY, PHYLLIS B
777 DELTONA BLVD.
STE 24
DELTONA, FL 32725**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$81.25
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **DP GREGORY, PHYLLIS B**
STREET ADDRESS **2347 FLORIDA DR 1479 CEDAR PINE DR.**
CITY-ST-ZIP **DELTONA, FL 32738**

TITLE Change Addition
NAME **DR THEODORE HAMILTON**
STREET ADDRESS **2950 SURF DR.**
CITY-ST-ZIP **DELTONA, FL 32738**

TITLE Delete
NAME **DSDV GREGORY, MARK E**
STREET ADDRESS **2347 FLORIDA DR 1479 CEDAR PINE DR**
CITY-ST-ZIP **DELTONA, FL 32738**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **DT YOUNG, NATALIE**
STREET ADDRESS **1519 GREGORY DR**
CITY-ST-ZIP **DELTONA, FL 32738**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **BC YOUNG, CHRISTOPHER**
STREET ADDRESS **1519 GREGORY DR**
CITY-ST-ZIP **DELTONA, FL 32738**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **BC KERR, DONALD**
STREET ADDRESS **61 GARDENIA CT**
CITY-ST-ZIP **ORANGE CITY, FL 32763**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **BC HAMILTON, RUTH**
STREET ADDRESS **2347 FLORIDA DR 2950 SURF DR.**
CITY-ST-ZIP **DELTONA, FL 32738**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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:  **7-13-04 386-860-9205**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #