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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90130 033 \*\*\*\*70.00

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DOCUMENT # N97000002628

1. Corporation Name

HIS PLACE MINISTRIES - BREVARD, INC.

Principal Place of Business  
330 WATSON DRIVE  
INDIALANTIC FL 32903

Mailing Address  
330 WATSON DRIVE  
INDIALANTIC FL 32903



2. Principal Place of Business

21 600 E. NEW HAVEN AVE.

Suite, Apt. #, etc.

22 MELBOURNE, FL.

City & State

23

Zip

24 32901

Country

25 USA

2a. Mailing Address

26 P.O. BOX 034068

Suite, Apt. #, etc.

27

City & State

28

Zip

29 32903

Country

30 USA

3. Date Incorporated or Qualified

05/09/1997

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MORRIS, TERRY  
330 WATSON DRIVE  
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MORRIS, TERRY  
STREET ADDRESS 330 WATSON DRIVE  
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE D ☐ DELETE

NAME RICKETTS, JOHN N  
STREET ADDRESS 1071 CADILLAC DRIVE  
CITY-ST-ZIP PALM BAY FL 32904

TITLE D ☐ DELETE

NAME MOUNTAIN, NOEL  
STREET ADDRESS 1621 PINEAPPLE AVENUE  
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

*Signature of Terry Morris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Terry Morris*

Date

3-1-99

Daytime Phone #

407-674-8009

CR2E037 (1/98)