2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006379

Entity Name: HENRY FERNANDEZ MINISTRIES INC.

FILED Mar 12, 2008 Secretary of State

Littly Name. FIENKT FERNANDEZ WIINIOTRIES, INC.						
Current Pr	incipal Place	of Business:	New Prince	New Principal Place of Business:		
5555 NW 9 SUNRISE,						
Current Ma	ailing Addres	s:	New Maili	New Mailing Address:		
P.O. BOX 9726 FT. LAUDERDALE, FL 33310				P.O. BOX 100127 FT. LAUDERDALE, FL 33310		
FEI Number:	65-0792752	FEI Number Applied For ()	FEI Number Not App	licable () Ce	rtificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
FERNANDEZ, HENRY 5555 NW 95TH AVE SUNRISE, FL 33351 US				FERNANDEZ, HENRY 4007 SANDERLING LANE WESTON, FL 33331 US		
The above in the State		submits this statement for the pu	rpose of changing i	ts registered office	e or registered agent, or both,	
SIGNATURE:				03/12/2008		
	Electron	ic Signature of Registered Ager	it		Date	
OFFICERS AND DIRECTORS:				IS/CHANGES TO	OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DP () FERNANDEZ, H 4007 SANDERL WESTON, FL 3	ING LANE	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition	
Title: Name: Address: City-St-Zip:	DS () FERNANDEZ, C 4007 SANDERL WESTON, FL 3	ING LANE	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition	
Title: Name: Address: City-St-Zip:	DT () SIMS, EDDIE 7951 SW 7TH S N. LAUDERDAL		Title: Name: Address: City-St-Zip:	DT (X) Ch SIMS, EDDIE 4502 HIGHGATE DI DELRAY BEACH, F		
Title: Name: Address: City-St-Zip:	D () TURNER, ANDR 425 S. LABREA INGLEWOOD, O	AVE	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition	
Title: Name: Address: City-St-Zip:	RAY, HAROLD 2101 AUSTRAL	Delete IAN AVE EACH, FL 33407	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition	

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: BRIAN HANKERSON CFO 03/12/2008