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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # N98000005123

1. Corporation Name
FOR HIM MINISTRIES INC.

* 5 6 7 7 4 6 *
557746 - 90013 - 13

Principal Place of Business
8460 NW 11 CT.
PEMBROKE PINES FL 33024

Mailing Address
8460 NW 11 CT.
PEMBROKE PINES FL 33024

2. Principal Place of Business 21 —	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/08/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0861236 — Applied For ☐ Not Applicable ☒
City & State 23	City & State 28	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

RIGGOTT, KEITH
8460 NW 11 CT.
PEMBROKE PINES FL 33024

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: Keith N. Riggott Keith N. Riggott President — 4-24-99
(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	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	P/D	☐ Change ☐ Addition
1.2 NAME	Keith N. Riggott (D)	
1.3 STREET ADDRESS	8460 N.W. 11 Ct.	
1.4 CITY-ST-ZIP	Pembroke Pines, Fl. 33024	
2.1 TITLE	VP	☐ Change ☐ Addition
2.2 NAME	Mike Senzig (D)	
2.3 STREET ADDRESS	11907 SW 11 Ct.	
2.4 CITY-ST-ZIP	Davie, Fl. 33325	
3.1 TITLE	S/T	☐ Change ☐ Addition
3.2 NAME	Heather Leutzinger (D)	
3.3 STREET ADDRESS	8031 SW 22 Ave.	
3.4 CITY-ST-ZIP	Davie, Fl. 33324	
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		

CR2E037 (11/98)

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: Keith N. Riggott (President) 4/24/99 (954) 436-0735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #