2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# N99000005379

Entity Name: HOME LIFE MINISTRIES INTERNATIONAL, INCORPORATED

Current Principal Place of Business:

28651 SW 164 AVENUE
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

28651 SW 164 AVENUE
HOMESTEAD, FL 33033

New Mailing Address:

FEI Number: 65-0942430 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'BRIEN, STEVEN A
28651 SW 164 AVENUE
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	O'BRIEN, STEVEN A	
Address:	P.O. BOX 126	
City-St-Zip:	INDEPENDENCE, KY 41051	
Title:	BODT	( ) Delete
Name:	STORES, RALF	
Address:	16275 SW 303RD STREET	
City-St-Zip:	HOMESTEAD, FL 33033	
Title:	ST	( ) Delete
Name:	O'BRIEN, ROBIN	
Address:	P.O. BOX 126	
City-St-Zip:	INDEPENDENCE, KY 41051	
Title:	VPT	( ) Delete
Name:	SPENCER, JOE	
Address:	28651 SW 164 AVE	
City-St-Zip:	HOMESTEAD, FL 33033	
Title:	BD	( ) Delete
Name:	O'BRIEN, ADAM	
Address:	PO BOX 501053	
City-St-Zip:	MARATHON, FL 33050	
Title:	AC	( ) Delete
Name:	SPENCER, SANDRA	
Address:	28651 SW 164TH AVE	
City-St-Zip:	HOMESTEAD, FL 33033	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEVEN A. OBRIEN PD 04/27/2004

Electronic Signature of Signing Officer or Director — Date