

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009289

**FILED**  
**Apr 27, 2015**  
**Secretary of State**  
**CC8146498597**

**Entity Name:** ROBERTA HINES MINISTRIES, INC.

**Current Principal Place of Business:**

6484 WEST SAMPLE RD, BLDG 1B  
SANDY SPRINGS, FL 33067

**Current Mailing Address:**

P.O. BOX 370022  
DECATUR, GA 30037

**FEI Number: 56-2409425**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

WATKINS, CHADWICK  
6484 WEST SAMPLE RD, BLDG 1B  
SANDY SPRINGS, FL 33067 US

*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

**Officer/Director Detail :**

Title P  
Name HINES, ROBERTA  
Address 5157 YOUNG KNOLL  
City-State-Zip: STONE MOUNTAIN GA 30088

Title VP  
Name HINES, TIMONA  
Address 5157 YOUNG KNOLL  
City-State-Zip: STONE MOUNTAIN GA 30088

Title BM  
Name WATKINS, MARIEA  
Address 5797 GARDEN DR.  
City-State-Zip: SARASOTA FL 34243

Title BM  
Name SMITH, KELLI  
Address 3224 RAMBLE WOOD DR.SOUTH  
City-State-Zip: SARASOTA FL 34237

Title BM  
Name WALKER, MARGARET  
Address 2725 17 ST.  
City-State-Zip: SARASOTA FL 34234

*I hereby 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 all other like empowered.*

**SIGNATURE: ROBERTA HINES**

**P**

**04/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date