

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11790

**Entity Name:** HOME MINISTRIES, INC.

**Current Principal Place of Business:**

C/O IEISHA HAMLET  
5596 GRANADA BLVD APT201  
TAMPA, FL 33617

**Current Mailing Address:**

C/O FLORENCE DARIAS  
5596 GRANADA BLVD APT201  
TAMPA, FL 33617 US

**FEI Number:** 59-3023031

**Certificate of Status Desired:** No

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

DARIAS, FLORENCE  
5596 GRANADA BLVD  
APT 201  
TAMPA, FL 33617 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           PTD  
Name           DARIAS, FLORENCE  
Address       5596 GRANADA BLVD  
                  APT 201  
City-State-Zip: TAMPA FL 33617

Title           D  
Name           SYLVESTER, GAIENDA P  
Address       P.O. BOX 8364  
City-State-Zip: TAMPA FL 33674

Title           D  
Name           CLIATT, IEISHA  
Address       5596 GRANADA BLVD  
                  APT 201  
City-State-Zip: TAMPA FL 33617

Title           D  
Name           DAVIS, FLORENCE P  
Address       419 E ADALEE ST.  
City-State-Zip: TAMPA FL 33603-5901

*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:** IEISHA HAMLET

**DIRECTOR**

**09/15/2023**

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

\_\_\_\_\_  
Date