

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004208

FILED
Jan 20, 2009
Secretary of State

Entity Name: IN ONE ACCORD MINISTRIES, INC.

Current Principal Place of Business:

8919 TAFT STREET
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

8919 TAFT ST
PEMBROKE PINES, FL 33024

New Mailing Address:

8919 TAFT STREET
PEMBROKE PINES, FL 33024

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, ALBERTO JR
11400 SOUTH POINT DRIVE
COOPER CITY, FL 33026 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: O/T () Delete
Name: RODRIGUEZ, DENORA
Address: 11400 SOUTH POINT DRIVE
City-St-Zip: COOPER CITY, FL 33026

Title: O/T () Delete
Name: RODRIGUEZ, ALBERTO SR
Address: 8919 TAFT STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: O/T () Delete
Name: RODRIGUEZ, ZORAIDA
Address: 8919 TAFT STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: O/T () Delete
Name: RODRIGUEZ, ALBERTO JR
Address: 11400 SOUTH POINT DRIVE
City-St-Zip: COOPER CITY, FL 33026

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:

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: ALBERTO RODRIGUEZ, JR

PRES

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date