

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003977

FILED  
Jan 07, 2008  
Secretary of State

**Entity Name:** STANDING IN THE GAP MINISTRIES, INC.

**Current Principal Place of Business:**

1431 PALMWAY ST  
KISSIMMEE, FL 34741 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 450991  
KISSIMMEE, FL 34745 US

**New Mailing Address:**

**FEI Number:** 59-3201282

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JOHNSON, SEAN  
1603 WOOD VIOLET DR  
ORLANDO, FL 32824 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: P ( ) Delete  
Name: JOHNSON, SEAN C  
Address: 1603 WOOD VIOLET DR  
City-St-Zip: ORLANDO, FL 32824

Title: D ( ) Delete  
Name: ASHLEY, ANDRE  
Address: 2670 SAMPLE ST  
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete  
Name: MCDUFFIE, JOHN  
Address: 2362 HEATHER AVE.  
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete  
Name: JOHNSON, TARA  
Address: 1603 WOOD VIOLET DR  
City-St-Zip: ORLANDO, FL 32824

**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:** SEAN JOHNSON

PRES

01/07/2008

Electronic Signature of Signing Officer or Director

Date