

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001257

Entity Name: I AM BORN AGAIN MINISTRIES, INC.**Current Principal Place of Business:**10470 SW 99 AVE
OCALA, FL 34481**Current Mailing Address:**P.O. BOX 773816
OCALA, FL 34477-3816 US**FEI Number:** 60-0002763**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HEMINGWAY, HARRELL M
10470 SW 99 AVE
OCALA, FL 34481 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:** HARRELL HEMINGWAY

04/04/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name HEMINGWAY, HARRELL M
Address P.O. BOX 773816
City-State-Zip: Ocala FL 34477-3816

Title VD
Name DURDEN, KEN
Address 2350 FINLEY RD
City-State-Zip: JACKSONVILLE FL 32218

Title D
Name BACHE, EDITH
Address 430 NW 10TH ST
City-State-Zip: HIGH SPRINGS FL 32643

Title D
Name BLANTON, RON
Address 25602 NW 122ND AVE
City-State-Zip: HIGH SPRINGS FL 32643

Title D
Name DIVINE, JON
Address 9194 PROSPERITY LAKE DR.
City-State-Zip: JACKSONVILLE FL 32244

Title D
Name HELTON, CATHY
Address 3723SW 282RD ST
City-State-Zip: NEWBERRY FL 32669

Title D
Name MARTIN, MIKE
Address 505 BAYPOLE RD
City-State-Zip: PELHAM GA 31779

Title D
Name PHILLIPS, ELIZABETH
Address P.O. BOX 444
City-State-Zip: BRONSON FL

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: HARRELL HEMINGWAY

PRESIDENT

04/04/2014

Electronic Signature of Signing Officer/Director Detail

Date