

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007195

FILED
Feb 04, 2009
Secretary of State

Entity Name: IN HIS PRESENCE MINISTRIES, INC. OF TENNESSEE

Current Principal Place of Business:

218 STOWERS LANE
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

218 STOWERS LANE
MILTON, FL 32570

New Mailing Address:

FEI Number: 56-2303530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DREADIN, DORIS A
218 STOWERS LANE
MILTON, FL 32570 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: PC () Delete
Name: DREADIN, DORIS A
Address: 218 STOWERS LANE
City-St-Zip: MILTON, FL 32570

Title: VD () Delete
Name: PHARRIS, NANCY DR
Address: 1319 CHURCH SE
City-St-Zip: GREENBRIER, TN 37073

Title: STD () Delete
Name: DREADIN, LEON ELTON
Address: 218 STOWERS LANE
City-St-Zip: MILTON, FL 32570

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:

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: DORIS DREADIN

PRES

02/04/2009

Electronic Signature of Signing Officer or Director

Date