

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90054 039 ****61.25

DOCUMENT # N00000005464

1. Entity Name

STANDING IN THE GAP, INC.



Principal Place of Business

P.O. BOX 112
HOMOSASSA SPRINGS FL 34447

Mailing Address

P.O. BOX 112
HOMOSASSA SPRINGS FL 34447

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3688192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEETS, JIMMY
602 NE HWY. 19
CRYSTAL RIVER FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME SHEETS, JIMMY
STREET ADDRESS P.O. BOX 112
CITY-ST-ZIP HOMOSASSA SPRINGS FL 34447

TITLE VT ☐ Delete
NAME JONES, LESLIE
STREET ADDRESS 2219 FOREST DR
CITY-ST-ZIP INVERNESS FL 34453

TITLE STT ☐ Delete
NAME DAVIDSON, RICHARD
STREET ADDRESS 6262 E JOYCE LANE
CITY-ST-ZIP INVERNRSS FL 34652

TITLE VP ☐ Delete
NAME RUSHTON, ANGIE
STREET ADDRESS 104 S. HARRISON ST.
CITY-ST-ZIP INVERNESS FL 34453

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #