


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # N00000005464 |  |
| 1. Entity Name STANDING IN THE GAP, INC. | |

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|--|--|
| 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 | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E037 (10/04)

| | | |
|--|--|---|
| 4. FEI Number 59-3688192 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$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, 2005

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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---------------------------------|--|---|--|
| TITLE PT | NAME SHEETS, JIMMY STREET ADDRESS P.O. BOX 112 CITY - ST - ZIP HOMOSASSA SPRINGS FL 34447 | TITLE | NAME STREET ADDRESS CITY - ST - ZIP |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VT | NAME JONES, LESLIE STREET ADDRESS 2219 FOREST DR CITY - ST - ZIP INVERNESS FL 34453 | TITLE | NAME STREET ADDRESS CITY - ST - ZIP |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE STT | NAME DAVIDSON, RICHARD STREET ADDRESS 8262 E JOYCE LANE CITY - ST - ZIP INVERNRSS FL 34652 | TITLE | NAME STREET ADDRESS CITY - ST - ZIP |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VP | NAME RUSHTON, ANGIE STREET ADDRESS 104 S. HARRISON ST. CITY - ST - ZIP INVERNESS FL 34453 | TITLE | NAME STREET ADDRESS CITY - ST - ZIP |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | NAME STREET ADDRESS CITY - ST - ZIP | TITLE | NAME STREET ADDRESS CITY - ST - ZIP |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | NAME STREET ADDRESS CITY - ST - ZIP | TITLE | NAME STREET ADDRESS CITY - ST - ZIP |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Jimmy K. Sheets** 2-23-05 795-98352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #