2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2009
Secretary of State

DOCUMENT# N00000005464

Entity Name: STANDING IN THE GAP, INC.

Current Principal Place of Business:

8145 W PEBBLE LANE
HOMOSASSA, FL 34448

New Principal Place of Business:

Current Mailing Address:

8145 W PEBBLE LANE
HOMOSASSA, FL 34448

New Mailing Address:

FEI Number: 59-3688192 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SWARTZ, PETER
8145 W PEBBLE LANE
HOMOSASSA, FL 34448 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: PT ( ) Delete
Name: SWARTZ, PETER
Address: 8145 W PEBBLE LANE
City-St-Zip: HOMOSASSA, FL 34448

Title: VT ( ) Delete
Name: JONES, LESLIE
Address: 2219 FOREST DR
City-St-Zip: INVERNESS, FL 34453

Title: STT ( ) Delete
Name: DAVIDSON, RICHARD
Address: 6262 E JOYCE LANE
City-St-Zip: INVERNRSS, FL 34652

Title: VP ( ) Delete
Name: RUSHTON, ANGIE
Address: 104 S. HARRISON ST.
City-St-Zip: INVERNESS, FL 34453

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: PETER SWARTZ PT 05/11/2009

Electronic Signature of Signing Officer or Director — Date