2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N00000005734

Entity Name: IN THE GAP MINISTRIES, INC.

Current Principal Place of Business:

11041 S E 101ST STREET
CANDLER, FL 32111

New Principal Place of Business:

10511 SE HWY 464
CANDLER, FL 32111

Current Mailing Address:

P.O. BOX 267
CANDLER, FL 321110267

New Mailing Address:

FEI Number: 59-3676841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COGDELL, JOSEPH M JR.
11041 S E 101ST STREET
CANDLER, FL 32111 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:	PD	( ) Delete
Name:	COGDELL, JOSEPH M JR	
Address:	11041 SE 101ST STREET	
City-St-Zip:	CANDLER, FL 32111	
Title:	SD	( ) Delete
Name:	COGDELL, JONI E	
Address:	11041 SE 101ST STREET	
City-St-Zip:	CANDLER, FL 32111	
Title:	TD	( ) Delete
Name:	HARRIS, LELA	
Address:	13950 SW 34TH TERRACE ROAD	
City-St-Zip:	OCALA, FL 34473	
Title:	D	( ) Delete
Name:	ROBINSON, ARDELL JR.	
Address:	2721 SE 62ND STREET	
City-St-Zip:	OCALA, FL 34480	

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: JONI E. COGDELL SD 04/28/2009
Electronic Signature of Signing Officer or Director — Date