

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005734

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** IN THE GAP MINISTRIES, INC.

**Current Principal Place of Business:**

10511 SE HWY 464  
CANDLER, FL 32111

**New Principal Place of Business:**

**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 (X)**

**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  
**Name:** COGDELL, JOSEPH M JR  
**Address:** 11041 SE 101ST STREET  
**City-St-Zip:** CANDLER, FL 32111

**Title:** SD  
**Name:** COGDELL, JONI E  
**Address:** 11041 SE 101ST STREET  
**City-St-Zip:** CANDLER, FL 32111

**Title:** TD  
**Name:** HARRIS, LELA  
**Address:** 13950 SW 34TH TERRACE ROAD  
**City-St-Zip:** OCALA, FL 34473

**Title:** D  
**Name:** ROBINSON, ARDELL JR.  
**Address:** 2721 SE 62ND STREET  
**City-St-Zip:** OCALA, FL 34480

I hereby 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 all other like empowered.

**SIGNATURE:** JOSEPH M. COGDELL, JR.

PD

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date