

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90038 020 ****70.00

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1. Entity Name

MINISTRY IN MOTION, INC.

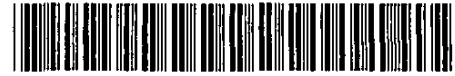


Principal Place of Business

**1320 N.W. 33 STREET
MIAMI FL 33142**

Mailing Address

**1320 N.W. 33 STREET
MIAMI FL 33142**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number
65-1077133

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRACHAN, YVONNE
1320 N.W. 33 STREET
MIAMI FL 33142**

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, 2008**

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	PD	<input type="checkbox"/> Delete
NAME	STRACHMAN, YVONNE REV.	
STREET ADDRESS	1320 N.W. 33 STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GRIFFIN, JOYCE E	
STREET ADDRESS	201 KIMBERLY WAY	
CITY-ST-ZIP	MARIETTA GA 30064	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	THOMAS, RANZER A REV	
STREET ADDRESS	5384 SW 159 AVENUE	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRADLEY, PEGGY	
STREET ADDRESS	4681 NW 164 STREET	
CITY-ST-ZIP	MIAMI GARDENS FL 33054	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMAS, RHONDA MICHELE	
STREET ADDRESS	85 NE 213 STREET	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRACHAN, YVONNE REV.	
STREET ADDRESS	1371 NW 42 Street	
CITY-ST-ZIP	Miami FL 33142	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Yvonne Strachan* **Yvonne Strachan** 03-28-08 954-443-6789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #