

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

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90114 040 \*\*\*\*61.25

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # N02000001778</b><br>1. Entity Name<br><b>IN HIM MINISTRIES FOR THE LORD PENTECOSTAL CHURCH, INC.</b>   |  |  |  |   |  |
| Principal Place of Business<br><b>12585 NW 7TH AVE DOWNSTAIRS<br/>MIAMI FL 33168-2619</b>  |  |  |  | Mailing Address<br><b>841 BURLINGTON ST<br/>OPA LOCKA FL 33054</b>  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>12585 NW 7th Ave Downstairs</b>   |  | 3. Mailing Address<br>Suite, Apt. #, etc. <b>NA</b>  |  |   |  |
| City & State<br><b>North Miami, FL</b>   |  | City & State<br><b>OPA LOCKA, FL</b>   |  | 4. FEI Number<br><b>01-0618233</b>  |  |
| Zip<br><b>33168</b>  |  | Country<br><b>USA</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WITHERSPOON, DEBRA<br/>841 BURLINGTON ST<br/>OPA LOCKA FL 33054</b>  |  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____ DATE _____<br><small>(Signature, typed or printed name of registered agent and fee. (NOTE: Registered Agent signature required when registering.)</small>  |  |  |  |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2008</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make Check Payable to<br/>Florida Department of State</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>WITHERSPOON, DEBRA<br>841 BURLINGTON ST<br>OPA LOCKA FL 33054          | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DT<br>WITHERSPOON, MARSHEIK<br>841 BURLINGTON STREET<br>OPA LOCKA FL 33054   | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VSD<br>WITHERSPOON, NELSON JR<br>841 BURLINGTON STREET<br>OPA LOCKA FL 33054 | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)  | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)  | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)  | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)  | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)  | <input type="checkbox"/> Delete  |  |   |  |
| 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: <u>Debra Witherspoon</u>                          |   |  |



1st MOORE CR2E037 (10/07)

4-14-08 305-681-4619