


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

FILED
Jun 19, 2008 8:00 am
Secretary of State

06-19-2008 90001 027 ****70.00

DOCUMENT # N02000007804	
1. Entity Name CHRIST IN YOU MINISTRIES, INCORPORATED	

Principal Place of Business 2015 EAST RAMPART STREET TAMPA FL 33617	Mailing Address 2015 EAST RAMPART STREET TAMPA FL 33617
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2. Principal Place of Business - No P.O. Box # 8439-North Nebraska Ave Suite, Apt. #, etc. STE # A	3. Mailing Address 2015-East Rampart Street Suite, Apt. #, etc.
City & State Tampa, FL	City & State Tampa, FL
Zip 33604 Country USA	Zip 33604 Country USA

2nd MOORE CR2E037 (4/08)

6. Name and Address of Current Registered Agent HILL, CAROLYN A 2015 EAST RAMPART STREET TAMPA FL 33617	7. Name and Address of New Registered Agent Name: HILL, Carolyn A Street Address (P.O. Box Number is Not Acceptable): 2015 East Rampart Street City: Tampa FL Zip Code: 33604
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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: Carolyn Hill (NOTE: Registered Agent signature required when reinstating) DATE: 6/10/08

FILE NOW: FEE IS \$61.25 Due By September 3, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HILL, CHARLES J 2015 EAST RAMPART STREET TAMPA FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tampa, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HILL, CAROLYN A 2015 EAST RAMPART STREET TAMPA FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tampa, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRADLEY, RAYMOND 8518 N ALASKA AVE, APT B TAMPA FL 33604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, ANTONIA M 5008 NAVE MOORE MAROO TAMPA FL 33612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARSH, LARRY 8006 N 13TH STREET, APT B TAMPA FL 33604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Carolyn Hill 6/10/08 813-767-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #