

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007804

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** CHRIST IN YOU MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

8439 N NEBRASKA AVE STE A  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

2015 EAST RAMPART STREET  
TAMPA, FL 33617

**New Mailing Address:**

**FEI Number:** 03-0486977

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HILL, CAROLYN A  
2015 EAST RAMPART STREET  
TAMPA, FL 33617 US

**Name and Address of New Registered Agent:**

HILL, CAROLYN A  
2015 EAST RAMPART STREET  
TAMPA, FL 33604 US

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:

04/07/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: HILL, CHARLES J  
Address: 2015 EAST RAMPART STREET  
City-St-Zip: TAMPA, FL 33604

Title: VST ( ) Delete  
Name: HILL, CAROLYN A  
Address: 2015 EAST RAMPART STREET  
City-St-Zip: TAMPA, FL 33604

Title: T ( ) Delete  
Name: BRADLEY, RAYMOND  
Address: 8518 N ALASKA AVE, APT B  
City-St-Zip: TAMPA, FL 33604

Title: T ( ) Delete  
Name: JACKSON, ANTONIA M  
Address: 5008 NAVE MOORE MAROO  
City-St-Zip: TAMPA, FL 33612

Title: T ( ) Delete  
Name: MARSH, LARRY  
Address: 8006 N 13TH STREET, APT B  
City-St-Zip: TAMPA, FL 33604

**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:

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: OFFICER/CAROLYN HILL

VP

04/07/2009

Electronic Signature of Signing Officer or Director

Date