

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000835

FILED
Apr 27, 2009
Secretary of State

Entity Name: STAND IN THE GAP INT'L MINISTRIES, INC.

Current Principal Place of Business:

1096 BERTHA ST.
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

1096 BERTHA ST.
JACKSONVILLE, FL 32218

New Mailing Address:

1096 BERTHA ST
JACKSONVILLE, FL 32218

FEI Number: 42-1582803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOMAX, MICHELLE
1096 BERTHA ST.
JACKSONVILLE, FL 32218 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: TD () Delete
Name: LOMAX, ARTHUR B
Address: 1096 BERTHA ST.
City-St-Zip: JACKSONVILLE, FL 32218

Title: S () Delete
Name: RODGERS, VALENE
Address: 12625 SAMPSON RD.
City-St-Zip: JACKSONVILLE, FL 322182340

Title: PD () Delete
Name: LOMAX, MICHELLE E
Address: 1096 BERTHA ST.
City-St-Zip: JACKSONVILLE, FL 32218

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:

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: MICHELLE E. LOMAX

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date