

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001113

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** JESUS IS AWAY MAKER MINISTRY, INC.

**Current Principal Place of Business:**

405 MCLAUGHLIN STREET  
SAINT AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4564  
SAINT AUGUSTINE, FL 320854564 US

**New Mailing Address:**

**FEI Number:** 74-3072086

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCGLOCKING, ANDREW  
405 MCLAUGHLIN STREET  
SAINT AUGUSTINE, FL 32084 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: PD ( ) Delete  
Name: MCGLOCKING, ANDREW  
Address: 254 STILLWELL AVE.  
City-St-Zip: PALATKA, FL 32177 US

Title: T ( ) Delete  
Name: MCGLOCKING, ALICE  
Address: 254 STILLWELL AVENUE  
City-St-Zip: PALATKA, FL 32177 US

Title: SD ( ) Delete  
Name: HINES, LESLIE  
Address: 3500 - B - COUNTY ROAD 214  
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: CH ( ) Delete  
Name: LETTSOME, LILLIE ROSE  
Address: 400 MCLAUGHLIN STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

**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:

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: ANDREW MCGLOCKING

PD

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date