2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N03000010060

Entity Name: IN HIM MINISTRIES OF JAX., INC.

Current Principal Place of Business:

3676 JULIET LEIA CIRCLE S.
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

3676 JULIET LEIA CIR. S
JACKSONVILLE, FL 32218 US

New Mailing Address:

FEI Number: 56-2313409 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEESE, ESTELLA A
3676 JULIET LEIA CIR. S
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: P ( ) Delete
Name: KEESE, ESTELLA A
Address: 3676 JULIET LEIA CIR. S
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP ( ) Delete
Name: KEESE, ALBERT K
Address: 3676 JULIET LEIA CIR. S
City-St-Zip: JACKSONVILLE, FL 32218

Title: BM ( ) Delete
Name: NELSON, DAISY T
Address: 3113 MONTCALM DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: SEC ( ) Change (X) Addition
Name: SCOTT, MAUDE
Address: 10945 LYDIA ESTATES DR. E
City-St-Zip: JACKSONVILLE, FL 32218

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: ESTELLA A. KEESE PRES 03/27/2009

Electronic Signature of Signing Officer or Director — Date