

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006278

FILED  
Sep 04, 2006  
Secretary of State

**Entity Name:** IN THE HOUSE MINISTRIES, INC.

**Current Principal Place of Business:**

1819 19TH ST S  
ST PETERSBURG, FL 33712

**New Principal Place of Business:**

**Current Mailing Address:**

1819 19TH ST S  
ST PETERSBURG, FL 33712

**New Mailing Address:**

**FEI Number:** 42-1644601      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CUTLIFF, YATE K  
501 1ST AVE N  
SUITE 507  
ST PETERSBURG, FL 33701 US

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

SANDERS, CHARLENE R  
1819 - 19TH STREET SOUTH  
ST PETERSBURG, FL 33712 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: CHARLENE R. SANDERS

09/04/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: SANDERS, ELEANOR  
Address: 823 JEFFERSON ST NW  
City-St-Zip: WASHINGTON, DC 20011

Title: D ( ) Delete  
Name: ROBINSON, MARY  
Address: 988 62ND AVE S  
City-St-Zip: ST PETERSBURG, FL 33705

Title: D ( ) Delete  
Name: SANDERS, CHARLENE R  
Address: 1819 19TH ST S  
City-St-Zip: ST PETERSBURG, FL 33712

Title: D ( ) Delete  
Name: MILLER, DAPHNE  
Address: 642 61ST AVENUE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: DT ( ) Delete  
Name: SMITH, CAROLYN  
Address: 2590 GOMAZ WAY SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33712

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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: O ( ) Change (X) Addition  
Name: LANCASTER, GEORGE  
Address: 239 MADISON STREET SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33703

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLENE R. SANDERS

DIR

09/04/2006

Electronic Signature of Signing Officer or Director

Date