2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008
Secretary of State

DOCUMENT# N04000006278

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 (X)**

Name and Address of Current Registered Agent:

SANDERS, CHARLENE R
1819 - 19TH STREET SOUTH
ST PETERSBURG, FL 33712 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:	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:	O	( ) Delete
Name:	LANCASTER, GEORGE	
Address:	239 MADISON STREET SOUTH	
City-St-Zip:	SAINT PETERSBURG, FL 33703	

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:	( ) 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: CHARLENE R. SANDERS DIR 02/25/2008

Electronic Signature of Signing Officer or Director — Date