

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90013 035 ****61.25

DOCUMENT # N04000008762

1. Entity Name

IN HIS STEPS PRISON MINISTRY, INC.



Principal Place of Business

20076 113TH DR
OBRIEN FL 32071

Mailing Address

PO BOX 114
OBRIEN FL 32071

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/07)

4. FEI Number
55-0893376

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWKIRK, PAUL
20076 113TH DR
OBRIEN FL 32071

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
CEOD
NEWKIRK, REV, PAUL
20076 113RD DR
O BRIEN FL 32071 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
HIGHSMITH, REV, KEITH
9310 CONESTOGA AVE
TALLAHASSEE FL 32309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
O'CONNER, CHARLENE
612 HIGHVIEW CIRCLE N
BRANDON FL 33510 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
WELK, BONNIE JO
1147 W GRAIN ST
PERRY FL 32347 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
STAFF WRITER
PAULA Zerbe
550 GLORIA AVE.
LIMA, OHIO 45805 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Executive Asst, & Bible Study Director
FAYE BAINBRIDGE
109 SOTO ST.
INTERLACHEN, FL 32149 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul Newkirk

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR