

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008762

FILED
Apr 07, 2009
Secretary of State

Entity Name: IN HIS STEPS PRISON MINISTRY, INC.

Current Principal Place of Business:

20076 113TH DR
OBRIEN, FL 32071

New Principal Place of Business:

Current Mailing Address:

PO BOX 114
OBRIEN, FL 32071

New Mailing Address:

FEI Number: 55-0893376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWKIRK, PAUL
20076 113TH DR
OBRIEN, FL 32071 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: CEO () Delete
Name: NEWKIRK, REV, PAUL
Address: 20076 113RD DR
City-St-Zip: O BRIEN, FL 32071

Title: D () Delete
Name: HIGHSMITH, REV, KEITH
Address: 9310 CONESTOGA AVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: O'CONNER, CHARLENE
Address: 612 HIGHVIEW CIRCLE N
City-St-Zip: BRANDON, FL 33510

Title: SW () Delete
Name: ZERBE, PAULA
Address: 550 GLORIA AVENUE
City-St-Zip: LIMA, OH 45805

Title: EASD () Delete
Name: BAINBRIDGE, FAYE
Address: 109 SOTO STREET
City-St-Zip: INTERLACHEN, FL 32149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: NEWKIRK, REV, PAUL
Address: 20076 113TH DR
City-St-Zip: O BRIEN, FL 32071

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

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Name:
Address:
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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: NEWKIRK, REV PAUL

CEOD

04/07/2009

Electronic Signature of Signing Officer or Director

Date