

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001697

FILED
Apr 28, 2009
Secretary of State

Entity Name: IN THE PLACE OF GOD MINISTRIES, INC

Current Principal Place of Business:

15915 US HWY 301
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

P O BOX 1514
DADE CITY, FL 33526

New Mailing Address:

FEI Number: 16-1706661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, DOMETA
2467 HARRISON PLACE
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

MITCHELL, DOMETA
POST OFFICE 875
GROVELAND, FL 34736 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:

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COWARD, SAUNDRA
Address: 10341 CAYO COSTA COURT
City-St-Zip: CLERMONT, FL 34711

Title: VP () Delete
Name: TUCKER, MAXINE
Address: 14610 OSCEOLA AVENUE
City-St-Zip: DADE CITY, FL 33523

Title: TREA () Delete
Name: COWARD, KIMBERLY
Address: P O BOX 783932
City-St-Zip: WINTER GARDEN, FL 34711

Title: SECR () Delete
Name: MILLER, CHARLINE
Address: 2467 HARRISON PLACE
City-St-Zip: LAKELAND, FL 33810

Title: TRUS () Delete
Name: ECHOLS-MITCHELL, RITA
Address: 5301 KING STREET
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: TRUS () Delete
Name: HARRIS, JANET
Address: 37507 OAKVIEW CIRCLE
City-St-Zip: DADE CITY, FL 33523

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:

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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: SAUNDRA COWARD

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date