

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90042 028 ****61.25

DOCUMENT # N05000002040 1. Entity Name I AM INN MINISTRIES, INC.					
Principal Place of Business 1461 S RAILROAD CHIPLEY, FL 32428			Mailing Address P O BOX 822 CHIPLEY, FL 32428		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc. 1461 S. Railroad Apt. 11			Suite, Apt. #, etc.		
City & State Chipley, FL			City & State		
Zip 32428		Country		Zip Country	
4. FEI Number 25-1914225			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JOHNSON, ANNETTE 2755 ORANGE HILL RD CHIPLEY, FL 32428			7. Name and Address of New Registered Agent Name Tindell, Gretchen Street Address (P.O. Box Number is Not Acceptable) 2972 Liberty School Rd. City Bonifay FL Zip Code 32425		
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 <u>Gretchen Tindell</u> <u>M. Gretchen Tindell</u> <u>4/11/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C <input checked="" type="checkbox"/> Delete JOHNSON, ANNETTE 2755 ORANGE HILL RD CHIPLEY, FL 32428		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Tindell, Gretchen 2972 Liberty School Rd Bonifay, FL 32425	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C <input type="checkbox"/> Delete TINDELL, GRETCHEN 2872 OLD LIBERTY SCHOOL RD BONIFAY, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Huskey, Becky 3126 Pate Pond Rd. Caryville, FL 32427	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> Delete HUSKEY, BECKY 3126 PATE POND RD CARYVILLE, FL 32427		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gilmore, Joyce 875 Jelly Bean Lane Chipley, FL 32428	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Gretchen Tindell M. Gretchen Tindell 4/11/07 850-547-3537 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					