

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007349

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** JEREMIAH 29:11 OF FLORIDA, INC.

**Current Principal Place of Business:**

29605 US HWY 19 N - STE 260  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

29605 US HWY 19 N - STE 260  
CLEARWATER, FL 33761

**New Mailing Address:**

**FEI Number:** 20-2747380

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LINDBERG, SALLY  
29605 US HWY 19 N - STE 260  
CLEARWATER, FL 33761 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:** D  
**Name:** LINDBERG, SALLY  
**Address:** 29605 US HWY 19 N - STE 260  
**City-St-Zip:** CLEARWATER, FL 33761

**Title:** D  
**Name:** SITMER, ROBYN A  
**Address:** 29605 US HWY 19 N - STE 260  
**City-St-Zip:** CLEARWATER, FL 33761

**Title:** D  
**Name:** MASTERS, PATRICIA  
**Address:** 29605 US HWY 19 N - STE 260  
**City-St-Zip:** CLEARWATER, FL 33761

I hereby 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 all other like empowered.

**SIGNATURE:** ROBYN SITMER

D

04/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date