2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 11, 2008 8:00 am Secretary of State

DOCUMENT # N05000008551 1. Entity Name INTEGRITY IN ACTION MINISTRIES, INC.						. , , , ,	08-11-2008	90122 025 ****61	.25
Principal Place of Business 8274 HAZEL GROVE CT. NAVARRE, FL 32566		Mailing Address 8274 HAZEL GROVE CT. NAVARRE, FL 32566			-				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				08082008 (Chg-NP	CR2E037 (12/06)	
City & State		City & State				4. FEI Number 20-33453	76		plied For t Applicable
Žip	Соипту	Zip	Cou	Country		5. Certificate of	Status Desired	\$8.75 Add	itional
·	6. Name and Address of Current	Registered Agent	<u></u>	Ι		7. Name and Ad	dress of New F	Registered Agent	
				Name					
RUSHMEYER, HENRY 8274 HAZEL GROVE CT. NAVARRE, FL 32566				Street Address (P.O. Box Number is Not Acceptable)					
				City				₽ ∎ Zip Code	
9			City					FL Zip Code	
SIGNATURE .	ons of registered agent. Signature, typed or printed name of registered agent	and title if applicable. (N	OTE: Registers	id Agent signat	ure required	d when reinstating)		DATE	
	Filing Fee Is \$61.25 se by September 12, 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 DI	RECTORS	11.			ADDITIONS/CHAN	GES TO OFFICE	ERS AND DIRECTORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete RUSHMEYER, HENRY 8274 HAZEL GROVE CT. NAVARRE, FL 32566							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSHMEYER, MARIAN 8274 HAZEL GROVE CT. NAVARRE, FL 32566	Delete			8274	nmeyer, Hazel 6	Hollie rove et 32566	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSHMEYER, VICTORIA 8274 HAZEL GROVE CT NAVARRE, FL 32566	☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied wit	Delete	CIT	ME Reet adoress Y-St-Zip	onteine	d in Chapter 119 F	kriida Statutes	Change	☐ Addition

12. Thereby certify that the information supplied with this failing does not qualify to the exemptors contained in declared in 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 en address, with all other like empowered.

SIGNATURE:

Henry M. Rudineyer

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850-939-2524

Daytime Phone #