

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2008 8:00 am**  
**Secretary of State**

08-08-2008 90017 025 \*\*\*\*61.25

DOCUMENT # N06000009179

1. Entity Name  
WITH HIS YOKE MINISTRY, INC.



Principal Place of Business  
4517 PARK ST  
JACKSONVILLE, FL 32205

Mailing Address  
4517 PARK ST  
JACKSONVILLE, FL 32205

DO NOT WRITE IN THIS SPACE

07102008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
20-5646788  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

HAMMOCK, LYNNE  
4517 PARK ST  
JACKSONVILLE, FL 32205

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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 Lynne Hammock  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-5-08  
DATE

Filing Fee is \$61.25  
Due by September 12, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAMMOCK, LYNNE
STREET ADDRESS	4517 PARK ST
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	D
NAME	RAMIREZ, ABDI
STREET ADDRESS	1617 EDGEWOOD AVE SOUTH 8174 Devoe St.
CITY-ST-ZIP	JACKSONVILLE, FL 32205 Jacksonville, FL 32205
TITLE	D
NAME	JACKSON, CONSTANCE
STREET ADDRESS	8174 DEVOE ST. 1617 Edgewood Ave S
CITY-ST-ZIP	JACKSONVILLE, FL 32205 JAX, FL 32205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Constance Jackson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-08 904 384 7690  
Date Daytime Phone #