

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 03, 2008
Secretary of State

DOCUMENT# N06000009179

Entity Name: WITH HIS YOKE MINISTRY, INC.**Current Principal Place of Business:**4517 PARK ST
JACKSONVILLE, FL 32205**New Principal Place of Business:****Current Mailing Address:**4517 PARK ST
JACKSONVILLE, FL 32205**New Mailing Address:****FEI Number:** 20-5646788**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HAMMOCK, LYNNE
4517 PARK ST
JACKSONVILLE, FL 32205 US**Name and Address of New Registered Agent:**HAMMOCK, LISBETH
4517 PARK ST
JACKSONVILLE, FL 32205 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: LISBETH HAMMOCK

11/03/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAMMOCK, LYNNE
Address: 4517 PARK ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: RAMIREZ, ABDI
Address: 8174 DEVOE ST.
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: JACKSON, CONSTANCE
Address: 1617 EDGEWOOD AVE. S
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HAMMOCK, LISBETH
Address: 4517 PARK ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: D (X) Change () Addition
Name: DRUMMOND, LARAE
Address: 5144 GLENWOOD
City-St-Zip: JACKSONVILLE, FL 32205

Title: D (X) Change () Addition
Name: PATTERSON, TIM
Address: 1136 COPPER GATE PLACE
City-St-Zip: MACLENNY, FL 32063

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: LISBETH HAMMOCK

D

11/03/2008

Electronic Signature of Signing Officer or Director

Date