2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008
Secretary of State

DOCUMENT# N07000007247

Entity Name: INDEPENDENT APOSTOLIC MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

7800 POINT MEADOWS DR. #1428
JACKSONVILLE, FL 32256

New Principal Place of Business:

7800 POINT MEADOWS DR.
#1428
JACKSONVILLE, FL 32256

Current Mailing Address:

7800 POINT MEADOWS DR. #1428
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 30-0455174 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RUSHING SR, MORRIS D
7800 POINT MEADOWS DR. #1428
JACKSONVILLE, FL 32256 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: P ( ) Delete
Name: RUSHING, MORRIS D
Address: 7800 POINT MEADOWS DR. #1428
City-St-Zip: JACKSONVILLE, FL 32256

Title: V ( ) Delete
Name: RUSHING, LYNDA L
Address: 7800 POINT MEADOWS DR. #1428
City-St-Zip: JACKSONVILLE, FL 32256

Title: V ( ) Delete
Name: BROWN, ROBERT
Address: 7800 POINT MEADOWS DR. #1428
City-St-Zip: JACKSONVILLE, FL 32256

Title: V ( ) Delete
Name: FISHER, DEBORTHA
Address: 7800 POINT MEADOWS DR. #1428
City-St-Zip: JACKSONVILLE, FL 32256

Title: V ( ) Delete
Name: BOTCHWAY, DAVID
Address: 7800 POINT MEADOWS DR. #1428
City-St-Zip: JACKSONVILLE, FL 32256

Title: V ( ) Delete
Name: GAGON, BROOKE
Address: 7800 POINT MEADOWS DR. #1428
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DAN RUSHING PRES 05/08/2008

Electronic Signature of Signing Officer or Director — Date