

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90122 001 \*\*\*211.25

**DOCUMENT # N07000007654**

1. Entity Name  
**PARTNERS IN MINISTRY, INC.**



Principal Place of Business  
1616 SOUTH 14TH STREET, SUITE 140  
LEESBURG, FL 34748

Mailing Address  
1616 SOUTH 14TH STREET, SUITE 140  
LEESBURG, FL 34748

**66001514**



02182008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

**50 A1A North**

Suite, Apt. #, etc.

**Suite 110**

City & State

**Ponte Vedra Beach, FL**

Zip  
**32082**

Country

3. Mailing Address

**7203 Goodman Rd.**

Suite, Apt. #, etc.

City & State

**Olive Branch, MS**

Zip  
**38654**

Country

4. FEI Number  
**26-0698608**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BRYAN, JOE H**  
1616 SOUTH 14TH STREET, SUITE 140  
LEESBURG, FL 34748

7. Name and Address of New Registered Agent

Name **William Filippone**

Street Address (P.O. Box Number is Not Acceptable)

**50 A1A North, Suite 110**

City **Ponte Vedra Beach FL**

Zip Code  
**32082**

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 a registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 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 DIRECTORS

TITLE **D** ☐ Delete  
NAME **CLYDE, PORTER**  
STREET ADDRESS **1616 SOUTH 14TH STREET, SUITE 140**  
CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE **D** ☐ Delete  
NAME **WILLIAMS, CHARLES E**  
STREET ADDRESS **1616 SOUTH 14TH STREET, SUITE 140**  
CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE **D** ☐ Delete  
NAME **DUNLAP, DAVID M**  
STREET ADDRESS **1616 SOUTH 14TH STREET, SUITE 140**  
CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition  
NAME **Clyde Porter**  
STREET ADDRESS **7203 Goodman Rd.**  
CITY-ST-ZIP **Olive Branch, MS 38654**

TITLE **D/P** ☒ Change ☐ Addition  
NAME **Charles E. Williams**  
STREET ADDRESS **7203 Goodman Rd.**  
CITY-ST-ZIP **Olive Branch, MS 38654**

TITLE **D/S** ☒ Change ☐ Addition  
NAME **David M. Dunlap**  
STREET ADDRESS **7203 Goodman Rd.**  
CITY-ST-ZIP **Olive Branch, MS 38654**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**662**  
**890-8904**