2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007654

Entity Name: PARTNERS IN MINISTRY, INC.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

50 A1A NORTH SUITE 110

PONTE VEDRA BEACH, FL 32082

Current Mailing Address: New Mailing Address:

7203 GOODMAN RD OLIVE BRANCH, MS 38654

FEI Number: 26-0698608 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: Name and Address of New Registered Agent:

FILIPPONE, WILLIAM
50 A1A NORTH, SUITE 110

SELAH MANAGEMENT GROUP, LLC
50 A1A NORTH, SUITE 110

PONTE VEDRA BEACH, FL 32082 US PONTE VEDRA BEACH, FL 32082 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: ALAN D. PARRISH 05/01/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: VP/D (X) Change () Addition Name: CLYDE, PORTER Name: CLYDE, PORTER

Address: 7203 GOODMAN RD Address: 7203 GOODMAN RD
City-St-Zip: OLIVE BRANCH, MS 38654 City-St-Zip: OLIVE BRANCH, MS 38654

Title: DP () Delete Title: P/D (X) Change () Addition Name: WILLIAMS, CHARLES E Name: WILLIAMS, CHARLES E

Address: 7203 GOODMAN RD Address: 7203 GOODMAN RD
City-St-Zip: OLIVE BRANCH, MS 38654 City-St-Zip: OLIVE BRANCH, MS 38654

Title: DS () Delete Title: S/D (X) Change () Addition

 Name:
 DUNLAP, DAVID M
 Name:
 DUNLAP, DAVID M

 Address:
 7203 GOODMAN RD
 Address:
 7203 GOODMAN RD

 City-St-Zip:
 OLIVE BRANCH, MS 38654
 City-St-Zip:
 OLIVE BRANCH, MS 38654

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: DAVID M. DUNLAP S 05/01/2009