2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2009
Secretary of State

DOCUMENT# N08000000402

Entity Name: IN TIME APOSTOLIC MINISTRY, INC.

Current Principal Place of Business:

5615 SEABOARD AVE #4
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

5615 SEABOARD AVE #4
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

JONES, GREGORY
5615 SEABOARD AVE #4
JACKSONVILLE, FL 32244 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: TP ( ) Delete
Name: JONES, GREGORY
Address: 5615 SEABOARD AVE #4
City-St-Zip: JACKSONVILLE, FL 32244

Title: TVP ( ) Delete
Name: JONES, AARON
Address: 2445 DUNN AVE 1311
City-St-Zip: JACKSONVILLE, FL 32218

Title: ST ( ) Delete
Name: MCCLOUD, MERINDA
Address: 5615 SEABOARD AVE #4
City-St-Zip: JACKSONVILLE, FL 32244

Title: TT ( ) Delete
Name: LEE, PHILLIP
Address: 1229 WEST 3RD STREET
City-St-Zip: JACKSONVILLE, FL 32209

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:

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: PHILLIP LEE TT 08/27/2009
Electronic Signature of Signing Officer or Director — Date