

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002998

FILED
May 06, 2009
Secretary of State

Entity Name: IN HIS PRESENCE INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

401 WASHINGTON STREET
INVERNESS, FL 34450

New Principal Place of Business:

Current Mailing Address:

401 WASHINGTON STREET
INVERNESS, FL 34450

New Mailing Address:

FEI Number: 80-0166813 **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:

PETERS, SHARON
920 NORTH SABAL PALM WAY
INVERNESS, FL 34453 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: DP () Delete
Name: BURTON, RUBY
Address: 920 RAILROAD STREET
City-St-Zip: INVERNESS, FL 34453

Title: DVP () Delete
Name: BURTON, SR., MICHAEL H
Address: 920 RAILROAD STREET
City-St-Zip: INVERNESS, FL 34453

Title: DS () Delete
Name: PETERS, SHARON
Address: 920 RAILROAD STREET
City-St-Zip: INVERNESS, FL 34453

Title: T () Delete
Name: SHEPHERD, VIVIAN
Address: 721 PITT STREET
City-St-Zip: CLERMONT, FL 34453

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: RUBY BURTON

PRES

05/06/2009

Electronic Signature of Signing Officer or Director

Date