

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005606

FILED  
Apr 02, 2009  
Secretary of State

**Entity Name:** IN HIS SERVICE KINGDOM MINISTRIES, INC.

**Current Principal Place of Business:**

4041 LUAN DRIVE  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

4041 LUAN DRIVE  
ORLANDO, FL 32808

**New Mailing Address:**

**FEI Number:** 36-4635154

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TYLER, VALERIE R  
4041 LUAN DRIVE  
ORLANDO, FL 32808 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: TYLER, VALERIE R  
Address: 4041 LUAN DRIVE  
City-St-Zip: ORLANDO, FL 32808

Title: VPT ( ) Delete  
Name: MCFARLIN, BARBARA  
Address: 2818 WELLINGTON RD  
City-St-Zip: LOS ANGELES, CA 90016

Title: VPT ( ) Delete  
Name: JOHNSON, CORLISS D  
Address: 3808 MOONSHINE FALLS N  
City-St-Zip: LAS VEGAS, NV 89085

Title: S ( ) Delete  
Name: WOEHRLE, CAMILLE  
Address: 669 JAMESTOWN BLVD, #1057  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: MCFARLIN, BARBARA  
Address: 2818 WELLINGTON RD  
City-St-Zip: LOS ANGELES, CA 90016

Title: VP (X) Change ( ) Addition  
Name: JOHNSON, CORLISS D  
Address: 3237 WEST AVENUE K4  
City-St-Zip: LANCASTER, CA 93536

Title: S (X) Change ( ) Addition  
Name: SCHREIDER, KAREN  
Address: 221 WHITE OAK CIRCLE  
City-St-Zip: MAITLAND, FL 32751

Title: TT ( ) Change (X) Addition  
Name: MORIN, JEANNINE  
Address: 3725 EDESEL AVENUE  
City-St-Zip: SAINT CLOUD, FL 34772

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: VA;ERIE R. TYLER

P

04/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date