

ANNUAL REPORT (AR)

DOCUMENT # N20481

1. Entity Name

THE INN MINISTRY, INC.



FILED
Apr 02, 2007 08:00 AM
Secretary of State

Principal Place of Business

P.O. BOX 7252
JACKSONVILLE FL 32238-7252

Mailing Address

P.O. BOX 7252
JACKSONVILLE FL 32238-7252

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2856655

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

NEWBERG, JUDITH A
4622 WHEELER AVENUE
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 registered agent

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 PD ☐ Delete
NAME NEWBERG, JUDITH A.
STREET ADDRESS 4622 WHEELER AVE.
CITY- ST- ZIP JACKSONVILLE FL

TITLE VPD ☐ Delete
NAME BURR, THERESA A
STREET ADDRESS 5703 BLACKTHORNE RD
CITY- ST- ZIP JACKSONVILLE FL 32244

TITLE SD ☐ Delete
NAME BECKLES, SONJA
STREET ADDRESS 4232 O'RIELY DR. E.
CITY- ST- ZIP JACKSONVILLE FL 32210

TITLE TD ☐ Delete
NAME KAVIANY, REBECCA
STREET ADDRESS 7675 COATBRIDGE TERRACE
CITY- ST- ZIP JACKSONVILLE FL 32244

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 ☐ Change ☐ Addition
NAME 000000687505
STREET ADDRESS 04/10/07-80040-021 61.25
CITY- ST- ZIP

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

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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 Section 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: X

Judith Newberg

Judith Newberg

3-30-07

(904)

388-7730