2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N20481

Entity Name: THE INN MINISTRY, INC.

Current Principal Place of Business:

P.O. BOX 7252
JACKSONVILLE, FL 322387252

New Principal Place of Business:

1720 HAMILTON STREET
JACKSONVILLE, FL 32210

Current Mailing Address:

P.O. BOX 7252
JACKSONVILLE, FL 322387252

New Mailing Address:

FEI Number: 59-2856655 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWBERG, JUDITH A
4622 WHEELER AVENUE
JACKSONVILLE, FL 32210 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: PD ( ) Delete
Name: NEWBERG, JUDITH A.,
Address: 4622 WHEELER AVE.
City-St-Zip: JACKSONVILLE, FL

Title: VPD ( ) Delete
Name: BURR, THERESA A
Address: 5703 BLACKTHORNE RD
City-St-Zip: JACKSONVILLE, FL 32244

Title: SD ( ) Delete
Name: BECKLES, SONJA
Address: 4232 O'RIELY DR. E.
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD ( ) Delete
Name: KAVIANY, REBECCA
Address: 7675 COATBRIDGE TERRACE
City-St-Zip: JACKSONVILLE, FL 32244

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: THERESA A BURR V P 03/04/2009
Electronic Signature of Signing Officer or Director — Date