


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # N93000000509	
1. Entity Name STAY IN TOUCH WITH GOD MINISTRY INC.	

Principal Place of Business 5676 PARIS AVE JACKSONVILLE, FL 32209	Mailing Address 5676 PARIS AVE JACKSONVILLE, FL 32209
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DO NOT WRITE IN THIS SPACE



04082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3165981	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NORMAN, LETHA B 2085 BROOKLYN RD. JACKSONVILLE, FL 32209
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORMAN, LETHA B 2085 BROOKLYN RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JACKSON, BETTY 1572 W 35TH JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STAFFORD, SHIRLEY A 2070 MOREHOUSE RD JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/01/07-800009-013.61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.
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SIGNATURE: <u><i>Pastor Dr. Letha Bell Norman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4-9-07</u> <small>Date</small>	<u>904-764-3177</u> <small>Daytime Phone #</small>
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