

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2008 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**



01172008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3165981

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NORMAN, LETHA B
2085 BROOKLYN RD.
JACKSONVILLE, FL 32209**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NORMAN, LETHA B
STREET ADDRESS	2085 BROOKLYN RD.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	ST
NAME	JACKSON, BETTY
STREET ADDRESS	1572 W 35TH
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	SD
NAME	STAFFORD, SHIRLEY A
STREET ADDRESS	2070 MOREHOUSE RD
CITY-ST-ZIP	JACKSONVILLE, FL 32209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #