

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000509

FILED
Feb 15, 2009
Secretary of State

Entity Name: STAY IN TOUCH WITH GOD MINISTRY INC.

Current Principal Place of Business:

5676 PARIS AVE
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

5676 PARIS AVE
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-3165981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORMAN, LETHA B
2085 BROOKLYN RD.
JACKSONVILLE, FL 32209 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: NORMAN, LETHA B
Address: 2085 BROOKLYN RD.
City-St-Zip: JACKSONVILLE, FL

Title: ST () Delete
Name: JACKSON, BETTY
Address: 1572 W 35TH
City-St-Zip: JACKSONVILLE, FL

Title: SD () Delete
Name: STAFFORD, SHIRLEY A
Address: 2070 MOREHOUSE RD
City-St-Zip: JACKSONVILLE, FL 32209

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:

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: BETTY JACKSON

ST

02/15/2009

Electronic Signature of Signing Officer or Director

Date