2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000002062

1. Entity Name
THE INSTITUTE OF THEOLOGY AND MINISTRY TRAINING, INC.

Principal Place of Business	*Mailing Address*
2605 LAKE MARY BLVD STE 123 LAKE MARY, FL 32746	PO BOX 608505 ORLANDO, FL 32860

04182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3312470

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, SHEILA K
2256 WEKIVA VILLAGE LANE
APOPKA, FL 32703

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000913151
05/09/08-80004-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALKER, SHEILA, DR
STREET ADDRESS	2256 WEKIVA VILLAGE LANE
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	D
NAME	PERSON-IRBY, TANYA
STREET ADDRESS	2312 WALNUT HEIGHTS RD
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	D
NAME	JACKSON, MARCEIL D
STREET ADDRESS	383 HAYNES ST
CITY-ST-ZIP	HACKENSACK, NJ 07601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: Sheila Walker - President April 18/08 (407) 292-9922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #