

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002062

FILED
Apr 28, 2009
Secretary of State

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

Current Principal Place of Business:

2605 LAKE MARY BLVD
STE 123
LAKE MARY, FL 32746

New Principal Place of Business:

655 BRYN MAWR STREET
ORLANDO, FL 32804

Current Mailing Address:

PO BOX 608505
ORLANDO, FL 32860

New Mailing Address:

FEI Number: 59-3312470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, SHEILA K
2256 WEKIVA VILLAGE LANE
APOPKA, FL 32703 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: D () Delete
Name: WALKER, SHEILA, DR
Address: 2256 WEKIVA VILLAGE LANE
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: PERSON-IRBY, TANYA
Address: 2312 WALNUT HEIGHTS RD
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: JACKSON, MARCEIL D
Address: 383 HAYNES ST
City-St-Zip: HACKENSACK, NJ 07601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JACKSON, MARCEIL D
Address: 3 TENAKILL PARK
City-St-Zip: CRESSKILL, NJ 07626

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: DR. SHEILA WALKER

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date