2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N95000003585

Entity Name: THE INSPIRATIONAL BIBLE MINISTRIES INC.

Current Principal Place of Business:

6926 DESERT INN TERR.
LAKE WORTH, FL 334637387

New Principal Place of Business:

Current Mailing Address:

6926 DESERT INN TERR.
LAKE WORTH, FL 334637387

New Mailing Address:

FEI Number: 65-0647741 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHELTON, GAIL E
6926 DESERT INN TERR.
LAKE WORTH, FL 334637387 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: SD ( ) Delete
Name: ESQUIVEL, AURELIA
Address: 4704 CANAL DRIVE
City-St-Zip: LAKE WORTH, FL 33463

Title: VPD ( ) Delete
Name: HUGGINS, CYNTHIA
Address: 7104 BRUNSWICK CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: TD ( ) Delete
Name: YOUNG, LEONA
Address: 1320 AVE R
City-St-Zip: RIVERIA BEACH, FL 33404

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: PRES ( ) Change (X) Addition
Name: SHELTON, GAIL
Address: 6926 DESERT INN TERR
City-St-Zip: LAKE WORTH, FL 33463 US

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: GAIL SHELTON PRES 04/22/2009

Electronic Signature of Signing Officer or Director — Date