

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000001001</b>	
1. Entity Name <b>GETTING YOUR HOUSE IN ORDER MINISTRIES, INC.</b>	
Principal Place of Business <b>2400 CHASE AVENUE SANFORD, FL 32773</b>	Mailing Address <b>P O BOX 671 SANFORD, FL 32771</b>



01082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3451690</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>PATTERSON, SHARON R 116 STERLING CT SANFORD, FL 32771</b>
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**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**

U000000818325  
02/15/08-80038-003 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PATTERSON, S 116 STERLING CT SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIGGINS, ROBIN R 116 STERLING COURT SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MORTON, C 7907 RIVER RIDGE DR TAMPA, FL 33677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, BETTY MS 6101 TINLEY TERRACE SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WANSLEY, L M 105 STERLING ST SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYNES, SARAH MS 2035 MCCARTY AVE SANFORD, FL 32771

**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:**

*Sharon Riggins Patterson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sharon Riggins Patterson*

*2-3-08*

*407-323-7113*

Date

Daytime Phone #