

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001085

FILED
Jan 22, 2009
Secretary of State

Entity Name: IN HIS SERVICE MINISTRIES WORLDWIDE, INCORPORATED

Current Principal Place of Business:

2926 SYLVIA DRIVE
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

2926 SYLVIA DRIVE
MARIANNA, FL 32446

New Mailing Address:

FEI Number: 59-3402427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWES, CATHLEEN M
2926 SYLVIA DRIVE
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

HAWES, CATHLEEN M REV
2926 SYLVIA DRIVE
MARIANNA, FL 32446 US

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: CATHLEEN M. HAWES

01/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAWES, WALLACE M REV.
Address: 2926 SYLVIA DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: HAWES, CATHLEEN M REV
Address: 2926 SYLVIA DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: ST () Delete
Name: CAMPBELL, DELORES J
Address: 3629 HY 231 NORTH
City-St-Zip: COTTONDALE, FL 32431

Title: D () Delete
Name: ROBINSON, RICHARD REV
Address: 3954 JENNY LANE
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: MILLER, GORDON REV
Address: 2933 MADISON STREET
City-St-Zip: MARIANNA, FL 32446

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: () 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: CATHLEEN M. HAWES

REV

01/22/2009

Electronic Signature of Signing Officer or Director

Date