

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002935

Entity Name: THE IN SEASON MINISTRIES INC.**Current Principal Place of Business:**2542 S. HARBOUR CITY BLVD.
SUITE B
MELBOURNE, FL 32901**Current Mailing Address:**2542 S. HARBOUR CITY BLVD.
SUITE B
MELBOURNE, FL 32901 US**FEI Number:** 90-0678723**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVIS, FREDDIE LJR.
1242 LOGAN AVE.
NW PALM BAY, FL 32907 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	DAVIS, FREDDIE LJR.
Address	1242 LOGAN AVE. NW
City-State-Zip:	PALM BAY FL 32907

Title	VPD
Name	DAVIS, BRIDGETTE K
Address	1242 LOGAN AVE. NW
City-State-Zip:	PALM BAY FL 32907

Title	SD
Name	THORPE, HATTIE F
Address	1242 LOGAN AVE NW
City-State-Zip:	PALM BAY FL 32907

Title	TD
Name	DAVIS, CHADRICK L
Address	1242 LOGAN AVE NW
City-State-Zip:	PALM BAY FL 32907

Title	SD
Name	THORPE, GEORGE
Address	1242 LOGAN AVE NW
City-State-Zip:	PALM BAY FL 32907

Title	ASST. TREASURER
Name	DAVIS, CHARNA
Address	1242 LOGAN AVE NW
City-State-Zip:	MELBOURNE FL 32907

Title	DEACON
Name	KNIGHT, EZEKIEL
Address	1242 LOGAN NW
City-State-Zip:	PALM BAY FL 32907

I hereby 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 all other like empowered.

SIGNATURE: FREDDIE DAVIS

PD

05/01/2018

Electronic Signature of Signing Officer/Director Detail_____
Date