

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001257

FILED
Jun 17, 2009
Secretary of State

Entity Name: I AM BORN AGAIN MINISTRIES, INC.

Current Principal Place of Business:

430 NW 10TH STREET
HIGH SPRINGS, FL 32643

New Principal Place of Business:

Current Mailing Address:

430 NW 10TH STREET
HIGH SPRINGS, FL 32643

New Mailing Address:

FEI Number: 60-0002763 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BACHE, EDITH
430 NW 10TH STREET
HIGH SPRINGS, FL 32643 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HEMINGWAY, HARRELL M JR
Address: P.O. BOX 2644
City-St-Zip: HIGH SPRINGS, FL 32655

Title: VD () Delete
Name: BLANTON, RONALD N
Address: PO BOX 1238
City-St-Zip: HIGH SPRINGS, FL 32655

Title: STD () Delete
Name: BACHE, EDITH
Address: 430 NW 10TH STREET
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D () Delete
Name: WILLIAMS, HAZEL
Address: PO BOX 562
City-St-Zip: GAINESVILLE, FL 32602

Title: D () Delete
Name: DURDEN, KEN
Address: 7411-1 SILVER LAKE TERRACE
City-St-Zip: JACKSONVILLE, FL 32216

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

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

Title: D () Change (X) Addition
Name: WOMBLE, BILL
Address: 535 N. COURT STREET
City-St-Zip: BRONSON, FL 32621

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: EDITH BACHE

STD

06/17/2009

Electronic Signature of Signing Officer or Director

Date