


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # N04000009004 1. Entity Name IN CHRIST MINISTRIES CHURCH, INC.	
--	---

Principal Place of Business 10521 S W 144 COURT MIAMI, FL 33186	Mailing Address 10521 S W 144 COURT MIAMI, FL 33186
---	---

DO NOT WRITE IN THIS SPACE

04132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 34-2019734	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES, ADOLPHUS A
 10521 S W 144 COURT
 MIAMI, FL 33186

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JAMES, PAMELA M 10521 S W 144 COURT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOB JAMES, ADOLPHUS A 10521 S W 144 COURT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, DONALD O 12373 NW 54 CT CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000730443
 05/08/07-80081-019 61.25

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: Adolphus A. James **Adolphus A. JAMES** 4/23/07 (305) 588-7016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #