

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00736

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** IN HIS IMAGE MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

212 MONTE VISTA RD.  
CANDLER, NC 28715

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1328  
CANDLER, NC 28715

**New Mailing Address:**

**FEI Number:** 59-2350420

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KING, MARILYN  
144 PROPHETS PARKWAY  
SANTA ROSA BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

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: BROOKS, GARY L.  
Address: 212 MONTE VISTA RD.  
City-St-Zip: CANDLER, NC

Title: STD ( ) Delete  
Name: BROOKS, LYNN  
Address: 212 MONTE VISTA RD.  
City-St-Zip: CANDLER, NC

Title: D ( ) Delete  
Name: FREED, MICKEY  
Address: 749 BANDIT TRAIL  
City-St-Zip: N. RICHLAND HILLS, TX 76180

Title: D ( ) Delete  
Name: MAST, DALE  
Address: 427 BRYANT'S CORNER RD.  
City-St-Zip: HARTLY, DE

Title: D ( ) Delete  
Name: FREED, SANDIE  
Address: 749 BANDIT TRAIL  
City-St-Zip: N. RICHLAND HILLS, TX 76180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BROOKS, GARY L.  
Address: 212 MONTE VISTA RD.  
City-St-Zip: CANDLER, NC 28715

Title: STD (X) Change ( ) Addition  
Name: BROOKS, LYNN  
Address: 212 MONTE VISTA RD.  
City-St-Zip: CANDLER, NC 28715

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: LYNN BROOKS

STD

04/28/2009

Electronic Signature of Signing Officer or Director

Date