

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003748

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** IN HIS IMAGE WOMEN OF EXCELLENCE MINISTRIES, INC.

**Current Principal Place of Business:**

511 CONSTELLATION DRIVE  
KILLEEN, TX 76542

**New Principal Place of Business:**

**Current Mailing Address:**

644 SOUTHEAST FOURTH AVE.  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:** 65-1119973      **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:**

GOLDEN, E. SCOTT  
644 SE 4TH AVENUE  
FT LAUDERDALE, FL 33301      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:** DP  
**Name:** WARNER, VERA L  
**Address:** CMR 456, BOX 246  
**City-St-Zip:** APO, AE 09011

**Title:** T  
**Name:** FOSTER, LORRAINE  
**Address:** 211 BENTBOUGH DRIVE  
**City-St-Zip:** LEESBURG, FL 34748

**Title:** DS  
**Name:** MCWHINNIE, HOLLY  
**Address:** 500 HILLOCK DRIVE, SUITE 222  
**City-St-Zip:** HOLLISTER, CA 95023

**Title:** D  
**Name:** SMITH, DANA  
**Address:** CMR 457, BOX 705  
**City-St-Zip:** APO, AE 09033

**Title:** D  
**Name:** GRAVES, ROBERTA  
**Address:** 2801 DEEP FORD DRIVE  
**City-St-Zip:** WOODBRIDGE, VA 22192

**Title:** D  
**Name:** NICOSON, DIANA  
**Address:** 387 HUNTERS BLIND DRIVE  
**City-St-Zip:** COLUMBIA, SC 29212

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: HOLLY MCWHINNIE

SEC

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date