

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00736

FILED
Jun 01, 2005
Secretary of State

Entity Name: IN HIS IMAGE MINISTRIES, INCORPORATED

Current Principal Place of Business:

212 MONTE VISTA RD.
P.O. BOX 1328
CANDLER, NC 28715

New Principal Place of Business:

Current Mailing Address:

212 MONTE VISTA RD.
P.O. 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)**
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:

KING, MARILYN
144 PROPHETS PARKWAY
SANTA ROSA BEACH, FL 32459 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: 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: WEBSTER, S. S.
Address: 1491 BRENTWOOD DR
City-St-Zip: MARIETTA, GA 30062

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

Title: D () Delete
Name: WEBSTER, KATHY
Address: 1491 BRENTWOOD DR.
City-St-Zip: MARIETTA, GA 30062

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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

06/01/2005

Electronic Signature of Signing Officer or Director

Date