

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N00736

1. Entity Name
IN HIS IMAGE MINISTRIES, INCORPORATED



Principal Place of Business
**212 MONTE VISTA RD.
CANDLER, NC 28715**

Mailing Address
**PO BOX 1328
CANDLER, NC 28715**



03272008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2350420

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000876455
04/11/08-80073-015 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROOKS, GARY L. 212 MONTE VISTA RD. CANDLER, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROOKS, LYNN 212 MONTE VISTA RD. CANDLER, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREED, MICKEY 749 BANDIT TRAIL N. RICHLAND HILLS, TX 76180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAST, DALE 427 BRYANT'S CORNER RD. HARTLY, DE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREED, SANDIE 749 BANDIT TRAIL N. RICHLAND HILLS, TX 76180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:

Lynn Brooks

Lynn Brooks

3-27-08

828-667-3073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #