


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000003207
 1. Entity Name
IN THE IMAGE OF CHRIST, INC.



Principal Place of Business
**3220 S 7TH ST
 FT. PIERCE, FL 34982**

Mailing Address
**P.O. BOX 3672
 FT PIERCE, FL 34948**

DO NOT WRITE IN THIS SPACE



07152005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1104332 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**HOYLMAN, KEITH R
 1713 ANECI STREET
 PORT ST. LUCIE, FL 34983**

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 7, 2005**

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

U00000374633
 07/27/05-80001-002 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUTHER, SHEILA 1208 N 25TH ST FT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOWARD, JOHN D 601 AVE B, APT 712 FT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCOTT, CARRIE M 3306 AVE K FT PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNGER, MARY 6504 NW CHUGWATER CIR PORT ST LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINN, SALLY 1908 SUNRISE BLVD FT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, RUTH 5904 PAPAYA DR FT PIERCE, FL 34982

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **KEITH HOYLMAN** **7-25-05** **772-359-9653**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #