

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90477 050 \*\*\*\*61.25

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04262006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N01000003207</b> 1. Entity Name <b>IN THE IMAGE OF CHRIST, INC.</b>			
Principal Place of Business 3220 S 7TH ST FT. PIERCE, FL 34982		Mailing Address P.O. BOX 3672 FT PIERCE, FL 34948	
2. Principal Place of Business <b>1713 ANECI ST.</b> Suite, Apt. #, etc. <b>PORT ST. LUCIE FL</b> City & State <b>34983 USA</b> Zip Country		3. Mailing Address <b>1713 ANECI ST</b> Suite, Apt. #, etc. <b>PORT ST. LUCIE FL</b> City & State <b>34983 USA</b> Zip Country	
4. FEI Number <b>65-1104332</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HOYLMAN, KEITH R</b> <b>1713 ANECI STREET</b> <b>PORT ST. LUCIE, FL 34983</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 <b>KEITH HOYLMAN</b> <span style="float: right;"><b>04-25-06</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	<b>P</b> <b>LUTHER, SHEILA</b> STREET ADDRESS <b>1208 N 25TH ST</b> CITY-ST-ZIP <b>FT PIERCE, FL 34950</b>	<input checked="" type="checkbox"/> Delete	
TITLE	<b>V</b> <b>HOWARD, JOHN D</b> STREET ADDRESS <b>601 AVE B, APT 712</b> CITY-ST-ZIP <b>FT PIERCE, FL 34950</b>	<input checked="" type="checkbox"/> Delete	
TITLE	<b>ST</b> <b>SCOTT, CARRIE M</b> STREET ADDRESS <b>3308 AVE K</b> CITY-ST-ZIP <b>FT PIERCE, FL 34947</b>	<input type="checkbox"/> Delete	
TITLE	<b>D</b> <b>UNGER, MARY</b> STREET ADDRESS <b>6504 NW CHUGWATER CIR</b> CITY-ST-ZIP <b>PORT ST LUCIE, FL 34983</b>	<input checked="" type="checkbox"/> Delete	
TITLE	<b>D</b> <b>QUINN, SALLY</b> STREET ADDRESS <b>1908 SUNRISE BLVD</b> CITY-ST-ZIP <b>FT PIERCE, FL 34950</b>	<input checked="" type="checkbox"/> Delete	
TITLE	<b>D</b> <b>DAVIS, RUTH</b> STREET ADDRESS <b>5904 PAPAYA DR</b> CITY-ST-ZIP <b>FT PIERCE, FL 34982</b>	<input checked="" type="checkbox"/> Delete	
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE	<b>PRESIDENT</b> <b>HAZEL HOYLMAN</b> STREET ADDRESS <b>1713 ANECI ST.</b> CITY-ST-ZIP <b>PORT ST. LUCIE FL 34983</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	<b>VICE-PRESIDENT</b> <b>SHEILA LUTHER</b> STREET ADDRESS <b>2943 COLLINGS DR.</b> CITY-ST-ZIP <b>PORT ST. LUCIE FL 34953</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	<b>DIRECTOR</b> <b>JOHN HOWARD</b> STREET ADDRESS <b>601 AVE B. APT. 712</b> CITY-ST-ZIP <b>FT PIERCE, FL 34950</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	<b>DIRECTOR</b> <b>CLAUDETTE CAMPBELL</b> STREET ADDRESS <b>752 KILGORE ST.</b> CITY-ST-ZIP <b>WILDWOOD FL 34785</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 817, 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.			
<b>SIGNATURE:</b> <b>HAZEL HOYLMAN</b> <span style="float: right;"><b>04-26-06</b> <b>772-878-8343</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			