

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003207

FILED
Feb 11, 2007
Secretary of State

Entity Name: IN THE IMAGE OF CHRIST, INC.

Current Principal Place of Business:

1713 ANECI ST
PORT SAINT LUCIE, FL 34983

New Principal Place of Business:

115-B N. 8TH STREET
FORT PIERCE, FL 34950

Current Mailing Address:

1713 ANECI ST
PORT SAINT LUCIE, FL 34983

New Mailing Address:

PO BOX 12397
FORT PIERCE, FL 34979

FEI Number: 65-1104332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOYLMAN, KEITH R
1713 ANECI STREET
PORT ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

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: P () Delete
Name: HOLYMAN, HAZEL
Address: 1713 ANECI ST
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP () Delete
Name: LUTHER, SHEILA
Address: 2943 COLLINGS DR
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: ST () Delete
Name: SCOTT, CARRIE M
Address: 3306 AVE K
City-St-Zip: FT PIERCE, FL 34947

Title: D () Delete
Name: HOWARD, JOHN
Address: 601 AVE B APT 712
City-St-Zip: FORT PIERCE, FL 34950

Title: D () Delete
Name: CAMPBELL, CLAUDETTE
Address: 752 KILGORE ST
City-St-Zip: WILDWOOD, FL 34785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOYLMAN, HAZEL
Address: 1713 ANECI ST
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP (X) Change () Addition
Name: LUTHER, SHEILA
Address: 1381 SE ELYTON CT
City-St-Zip: PORT SAINT LUCIE, FL 34952

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 Chapter 119, 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: HAZEL HOYLMAN

P

02/11/2007

Electronic Signature of Signing Officer or Director

Date