

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003207

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: IN THE IMAGE OF CHRIST, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

1203 ORANGE AVENUE  
FORT PIERCE, FL 34950

## Current Mailing Address:

PO BOX 12397  
FORT PIERCE, FL 34979

## New Mailing Address:

FEI Number: 65-1104332      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## 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: HOYLMAN, HAZEL  
Address: 1713 ANECI ST  
City-St-Zip: PORT SAINT LUCIE, FL 34983

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

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: ( ) 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 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

04/30/2009

Electronic Signature of Signing Officer or Director

Date