

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90071 005 ****61.25

DOCUMENT # N02000000008					
1. Entity Name IN HIS FULLNESS, INC.					
Principal Place of Business 4125 NW 18TH DRIVE GAINESVILLE, FL 32605			Mailing Address 4125 NW 18TH DRIVE GAINESVILLE, FL 32605		
2. Principal Place of Business 2503 NW 50th PLACE		3. Mailing Address 2503 NW 50th PLACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State GAINESVILLE, FL		City & State GAINESVILLE, FL		4. FEI Number 02-0582665	
Zip 32605		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HASTINGS, LANCE O 4125 NW 18TH DRIVE GAINESVILLE, FL 32605			7. Name and Address of New Registered Agent Name: JARED N. FERIA Street Address (P.O. Box Number is Not Acceptable): 2503 NW 50th PLACE City: GAINESVILLE FL Zip Code: 32605		
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:		JARED N. FERIA		18 MARCH 2005	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD HASTINGS, LANCE 4125 NW 18TH DRIVE GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JARED FERIA 2503 NW 50th PLACE GAINESVILLE, FL 32605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HASTINGS, ANN 4125 NW 18TH DRIVE GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVID MASSIAS 9784 SW 52nd PLACE GAINESVILLE, FL 32608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FARMER, ALEX 4315 NW 23RD AVE GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATZ, MICHAEL 2925 NW 39TH AVE GAINESVILLE, FL 32605	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VANDERLUVHT, RALPH 839 MAPLE AVE FINDLAY, OH 45840	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RABURN, TERRY 1437 E MEMORIAL BLVD LAKELAND, FL 33801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			18 MARCH 2005 352-213-2520		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		