

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000008

FILED
Feb 24, 2008
Secretary of State

Entity Name: IN HIS FULLNESS, INC.

Current Principal Place of Business:

2503 NW 50TH PLACE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

2503 NW 50TH PLACE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 02-0582665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERIA, JARED N
2503 NW 50TH PLACE
GAINESVILLE, FL 32605 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: CD () Delete
Name: HASTINGS, LANCE
Address: 4125 NW 18TH DRIVE
City-St-Zip: GAINESVILLE, FL 32605

Title: SD () Delete
Name: HASTINGS, MARY ANN
Address: 4125 NW 18TH DRIVE
City-St-Zip: GAINESVILLE, FL 32605

Title: TD () Delete
Name: FARMER, ALEX
Address: 4315 NW 23RD AVE
City-St-Zip: GAINESVILLE, FL 32605

Title: P () Delete
Name: FERIA, JARED
Address: 2503 NW 50TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: VANDERVLUCHT, RALPH
Address: 839 MAPLE AVE
City-St-Zip: FINDLAY, OH 45840

Title: D () Delete
Name: MASSIAS, DAVID
Address: 9784 SW 52ND PLACE
City-St-Zip: GAINESVILLE, FL 32608

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:

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: JARED FERIA

P

02/24/2008

Electronic Signature of Signing Officer or Director

Date