2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006
Secretary of State

DOCUMENT# N02000004865

Entity Name: INTENSIVE CARE MINISTRIES, INC.

Current Principal Place of Business:

15004 S HWY 441
SUMMERFIELD, FL 34491

New Principal Place of Business:

Current Mailing Address:

15004 S HWY 441
SUMMERFIELD, FL 34491

New Mailing Address:

FEI Number: 59-3638110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VINING, DON R
15004 S HWY 441
SUMMERFIELD, FL 34491 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: DP ( ) Delete
Name: VINING, DON R
Address: 15004 S HWY 441
City-St-Zip: SUMMERFIELD, FL 34491

Title: D ( ) Delete
Name: RICHARDSON, DONNY
Address: 2436 NE 11TH CT
City-St-Zip: OCALA, FL 34470

Title: D ( ) Delete
Name: SHANKS, JAMES
Address: 6528 SE 110TH LANE
City-St-Zip: OCALA, FL 34420

Title: D ( ) Delete
Name: PERCY, JAMES
Address: 8150 SE 128TH LANE
City-St-Zip: OCALA, FL 34491

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:

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: DON R. VINING DP 08/31/2006
Electronic Signature of Signing Officer or Director — Date