

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004865

FILED
Feb 16, 2010
Secretary of State

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: 20-2631605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DON R VINING

PAST

02/16/2010

Electronic Signature of Signing Officer or Director

Date