2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2005
Secretary of State

DOCUMENT# N02000005947

Entity Name: LOLA BROKEMOND MINISTRIES-MADE IN HIS IMAGE, INCORPORATED

Current Principal Place of Business:

1440-13 DUNN AVE
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

1440-13 DUNN AVE
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: 54-2077910 **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:

BROKEMOND, LOLA C
1440-13 DUNN AVE
JACKSONVILLE, FL 322184894 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: PD ( ) Delete
Name: BROKEMOND, LOLA C
Address: 1440 - 13 DUNN AVENUE
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD ( ) Delete
Name: HARDAWAY, ROSE
Address: 4233 W 19 PL
City-St-Zip: GARY, IN 46404

Title: SD ( ) Delete
Name: WILEY, YVONNE
Address: 7154 MATTHEW ST
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: HARDAWAY, ROSE
Address: 12562 ANGEL LAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

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 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 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: LOLA C.BROKEMOND PD 05/14/2005

Electronic Signature of Signing Officer or Director — Date