2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006021

SIGNATURE: YVONNE L. CARTER

FILED Aug 23, 2004 Secretary of State

Entity Name: IN HIS IMAGE PRAYER AND COUNSELING MINISTRY, INC.

Current Principal Place of Business: New Principal Place of Business:

6600 LANDING DRIVE #212 502 N W. 7TH COURT # 2

LAUDERHILL, FL 33319 HALLANDALE BEACH, FL 33009

Current Mailing Address: New Mailing Address:

6600 LANDING DRIVE #212 502 N W 7TH COURT # 2

LAUDERHILL, FL 33319 HALLANDALE BEACH, FL 33009

FEI Number: 57-1177001 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CART6ER, YVONNE L DR
6600 LANDING DRIVE #212
LAUDERHILL, FL 33319

CARTER, YVONNE L DR
502 N W 7TH COURT # 2
HALLANDALE BEACH, FL 33009

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.

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHAN

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

08/23/2004

Title: PD () Delete Title: PD (X) Change () Addition Name: CARTER, YVONNE L DR. Name: CARTER, YVONNE L DR.

Name:CARTER, YVONNE L DR.Name:CARTER, YVONNE L DR.Address:6600 LANDING DRIVE #212Address:502 N W 7TH COURT # 2City-St-Zip:LAUDERHILL, FL 33319City-St-Zip:HALLANDALE BEACH, FL 33009

Title: VD () Delete Title: () Change () Addition

 Name:
 BROWN, GLORIA
 Name:

 Address:
 622 ANGLER DRIVE
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33445
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

Name:WHITE, TENISHIAName:Address:4510 WEST OAKLAND PARK BLVD. #209Address:City-St-Zip:LAUDERDALE LAKES, FL 33313City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 POITIER, GERALD
 Name:

 Address:
 622 ANGLER DRIVE
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33445
 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: YVONNE L. CARTER PD 08/23/2004