

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003950

FILED
Mar 16, 2006
Secretary of State

Entity Name: I.C.M.C. OF FLORIDA, INC.

Current Principal Place of Business:

POST OFFICE BOX 147
CERESCO, MI 49033

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 147
CERESCO, MI 49033

New Mailing Address:

FEI Number: 34-1468123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SYMINGTON, BARRY
1513 LAUREL CIRCLE
CLEARWATER, FL 33756 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: P () Delete
Name: ASBERRY, ROBERT
Address: POST OFFICE BOX 147
City-St-Zip: CERESCO, MI 49033

Title: V () Delete
Name: COONER, THOMAS
Address: POST OFFICE BOX 147
City-St-Zip: CERESCO, MI 49033

Title: ST () Delete
Name: FERREE, GARETH C
Address: POST OFFICE BOX 147
City-St-Zip: CERESCO, MI 49033

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:

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: GARETH C. FERREE

ST

03/16/2006

Electronic Signature of Signing Officer or Director

_____ Date