

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008012

FILED
Mar 26, 2005
Secretary of State

Entity Name: INDEPENDENT MINISTRY COUNCIL, INC.

Current Principal Place of Business:

15994 LEMACK ROAD
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

PO BOX 1142
DADE CITY, FL 33526

New Mailing Address:

FEI Number: 55-0879003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, LINDA M
3740 MOORE DRIVE
DADE CITY, FL 33525 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: PDT () Delete
Name: FIELDS, HEATHER R
Address: 15994 LEMACK ROAD
City-St-Zip: DADE CITY, FL 33523

Title: VSD () Delete
Name: WATSON, LINDA M
Address: 37430 MOORE DRIVE
City-St-Zip: DADE CITY, FL 33525

Title: D () Delete
Name: GORDON, DEBRA L
Address: 6437 55TH SQYARE
City-St-Zip: VERO BEACH, 32 967

Title: D () Delete
Name: MONROE, STEPHEN D
Address: 4110 TIMBERLAKE ROAD WEST
City-St-Zip: DADE CITY, FL 33810

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 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: HEATHER FIELDS

PDT

03/26/2005

Electronic Signature of Signing Officer or Director

Date