2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008012

Entity Name: INDEPENDENT MINISTRY COUNCIL, INC.

FILED Apr 10, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess

15994 LEMACK ROAD DADE CITY, FL 33523

Current Mailing Address: New Mailing Address:

PO BOX 1142 PO BOX 1428

DADE CITY, FL 33526 DADE CITY, FL 33526

FEI Number: 55-0879003 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WATSON, LINDA M FIELDS, HEATHER R 3740 MOORE DRIVE 15994 LEMACK RD

DADE CITY, FL 33525 US DADE CITY, FL 33523 US

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: HEATHER FIELDS 04/10/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT () Delete Title: () Change () Addition

 Name:
 FIELDS, HEATHER R
 Name:

 Address:
 15994 LEMACK ROAD
 Address:

 City-St-Zip:
 DADE CITY, FL 33523
 City-St-Zip:

Title: VSD () Delete Title: VSD (X) Change () Addition Name: WATSON, LINDA M Name: FIELDS, ALBERT T

Address: 37430 MOORE DRIVE Address: 15994 LEMACK ROAD City-St-Zip: DADE CITY, FL 33525 City-St-Zip: DADE CITY, FL 33523

Title: D () Delete Title: D (X) Change () Addition
Name: GORDON, DEBRA L Name: GORDON, DEBRA L

 Name:
 GORDON, DEBRA L
 Name:
 GORDON, DEBRA L

 Address:
 6437 55TH SQYARE
 Address:
 6437 55TH SQUARE

 City-St-Zip:
 VERO BEACH, 32 967
 City-St-Zip:
 VERO BEACH, FL 32967

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad ({\sf X}) \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad (\) \ {\sf Change} \ (\) \ {\sf Addition}$

 Name:
 MONROE, STEPHEN D
 Name:

 Address:
 4110 TIMBERLAKE ROAD WEST
 Address:

 City-St-Zip:
 DADE CITY, FL 33810
 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: HEATHER FIELDS P 04/10/2006