

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007830

FILED
May 01, 2007
Secretary of State

Entity Name: INNER COURT MINISTRIES INC

Current Principal Place of Business:

419 W. OCALA ST
UMATILLA, FL 32784

New Principal Place of Business:

Current Mailing Address:

419 W. OCALA ST
UMATILLA, FL 32784

New Mailing Address:

FEI Number: 20-3239730 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

SIMMONS, KAREN A
419 W. OCALA ST
UMATILLA, FL 32784 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: SIMMONS, KAREN A
Address: 419 W. OCALS ST
City-St-Zip: UMATILLA, FL 32784

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STROMBECK, BETTY
Address: PO BOX 121660
City-St-Zip: CLERMONT, FL 34712

Title: VD () Change (X) Addition
Name: WARREN, MARIA
Address: 16445 COUNTY RD 455
City-St-Zip: MONTVERDE, FL 34756

Title: SD () Change (X) Addition
Name: MOTEN, PHYLLIS
Address: 683 MASON AVE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TD () Change (X) Addition
Name: SIMMONS, KAREN
Address: 419 W OCALA ST
City-St-Zip: UMATILLA, FL 32784

Title: D () Change (X) Addition
Name: ANDRADE, SAMUEL
Address: 1417 WIND RIDGE CIR
City-St-Zip: SANFORD, FL 32773

I hereby certify that the information supplied with this filing does not qualify 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: KAREN SIMMONS

TD

05/01/2007

Electronic Signature of Signing Officer or Director

Date