

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007830

FILED
Jan 09, 2008
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:

2299 SABASTIAN ST.
MT. DORA, FL 32757

Current Mailing Address:

419 W. OCALA ST
UMATILLA, FL 32784

New Mailing Address:

P.O. BOX 1789
MT. DORA, FL 32756

FEI Number: 20-3239730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

SIMMONS, KAREN A
2299 SABASTIAN ST.
MT. DORA, FL 32757 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:

01/09/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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: TD (X) Change () Addition
Name: SIMMONS, KAREN
Address: P.O. BOX 1789
City-St-Zip: MT.DORA, FL 32756

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

01/09/2008

Electronic Signature of Signing Officer or Director

Date