

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007830

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: INNER COURT MINISTRIES INC

## Current Principal Place of Business:

2299 SABASTIAN ST.  
MT. DORA, FL 32757

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 20-3239730

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMMONS, KAREN A  
2299 SABASTIAN ST.  
MT. DORA, FL 32757 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: 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 (X) Delete  
Name: SIMMONS, KAREN  
Address: P.O. BOX 1789  
City-St-Zip: MT.DORA, FL 32756

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WARREN, MARIA  
Address: 16445 CR 455  
City-St-Zip: MONTE VERDE, FL 34756

Title: TD (X) Change ( ) Addition  
Name: KAREN, SIMMONS A  
Address: 2299 SABASTIAN STREET  
City-St-Zip: MT. DORA, FL 32757

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 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

01/21/2009

Electronic Signature of Signing Officer or Director

Date