2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008256

FLINN, SUZANNE

P.O. BOX 60505

FT. MYERS, FL 339066505

Name:

Address:

City-St-Zip:

FILED Jul 05, 2006 Secretary of State

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Entity Nan	ne: IN LOVING MEMORY, INC.			
Current Pi	rincipal Place of Business:	New Principal Pla	ace of Business:	
P.O. BOX 6 FT. MYERS	60505 S, FL 339066505			
Current M	ailing Address:	New Mailing Add	New Mailing Address:	
P.O. BOX 6 FT. MYERS	60505 S, FL 339066505			
FEI Number: 20-3425556 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () 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:	Name and Addres	ss of New Registered Agent:	
CAPE COF	ALINDA BLVD RAL, FL 33914 US			
The above in the State	named entity submits this statement for the of Florida.	e purpose of changing its regist	ered office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete CURLEY, MICHAEL E P.O. BOX 60505 FT. MYERS, FL 339066505	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete MEYER, JOYCE P.O. BOX 60505 FT. MYERS, FL 339066505	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	D () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL E. CURLEY D 07/05/2006