

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N05000011838

1. Entity Name
IN CHRIST MINISTRIES OF PONTE VEDRA BEACH, INC.



Principal Place of Business
101 OSPREY RIDGE WAY
PONTE VEDRA BEACH, FL 32082

Mailing Address
101 OSPREY RIDGE WAY
PONTE VEDRA BEACH, FL 32082

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

6. Name and Address of Current Registered Agent

RAGLAND, J. CORTEZ
101 OSPREY RIDGE WAY
PONTE VEDRA BEACH, FL 32082

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

P/D Change Addition
J. Cortez Ragland
101 Osprey Ridge Way
Ponte Vedra Ba., Fl. 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

D Change Addition
Dr. Norman Pack
212 E. Canon Ct.
Ponte Vedra Ba., Fl. 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

D Change Addition
Dr. Richard Myers
9648 Wexford Road
Jacksonville, Fl. 32257

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J. Cortez Ragland J. Cortez Ragland 4/15/06 904-382-5561*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
Apr 17, 2006 8:00 am
Secretary of State**

04-17-2006 90379 013 ****70.00



02042006 Chg-NP CR2E037 (11/05)

4. FEI Number	56-2499966	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**