


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 19, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N06000002489 1. Entity Name IN VIVO MINISTRIES, INC.	
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Principal Place of Business 912 LAUREL LEAF COURT APOPKA, FL 32712	Mailing Address 912 LAUREL LEAF COURT APOPKA, FL 32712
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**DO NOT WRITE IN THIS SPACE**



07172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2915157	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, BILLY K  
912 LAUREL LEAF COURT  
APOPKA, FL 32712

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when rechartering) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP PHILLIPS, BILLY K 912 LAUREL LEAF COURT APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV PHILLIPS, BRENDA 912 LAUREL LEAF COURT APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT PHILLIPS, AARON 1242 WOODRIDGE COURT ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SCHELLENBURG, DANIELLE 329 GARDEN OAK COURT APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000769615  
07/19/07-80009-006 61.25

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 officers empowered.

SIGNATURE: Billy K. Phillips Billy K. Phillips 7/18/07 407.886.2316  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #