

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2004 8:00 am
Secretary of State

02-03-2004 90009 045 ****61.25

DOCUMENT # N21653

1. Entity Name

IN CHRIST MINISTRIES, INC.



Principal Place of Business

4093 BOOKER STREET
ORLANDO FL 32811
US

Mailing Address

686 GLADWIN AVE
FERN PARK FL 32730
US

94008856



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YEAGLEY, DELLA M
686 GLADWIN AVENUE
FERN PARK FL 32730

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

TITLE DPC ☐ Delete
NAME YEAGLEY, DELLA M
STREET ADDRESS 686 GLADWIN AVE
CITY-ST-ZIP FERN PARK FL 32730

TITLE D ☐ Delete
NAME JONES, ANTHONY
STREET ADDRESS 1695 RACHEL'S RIDGE LOOP
CITY-ST-ZIP OCOEE FL 34761

TITLE VD ☐ Delete
NAME YEAGLEY, DARREN
STREET ADDRESS 11196 CYPRESS LEAF DR.
CITY-ST-ZIP ORLANDO FL 32825

TITLE D ☐ Delete
NAME MILLS, ADRIENNE
STREET ADDRESS 760 FIESTA LANE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE SD ☒ Delete
NAME VILEELA, RIEUZA
STREET ADDRESS 3916 SCOTTSBOROUGH CT., #1517
CITY-ST-ZIP ORLANDO FL 32839

TITLE TD ☐ Delete
NAME RIOS, CARMEN
STREET ADDRESS 4853 NORTH GOLDENROD RD., APT. D
CITY-ST-ZIP WINTER PARK FL 32792

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Della Yeagley DELLA YEAGLEY 1/27/04 407-831-3762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #