

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001891

1. Entity Name

IN HIS CARE MEDICAL MINISTRIES, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90928 027 \*\*\*\*61.25

Principal Place of Business

Mailing Address

137 LINDEN STREET  
CLERMONT FL 34711

137 LINDEN STREET  
CLERMONT FL 34711-3043

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1549501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~JORDAN, EDWARD P-II~~  
13543 E HIGHWAY 50  
CLERMONT FL 34711

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.

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DCPT  
WOODARD, VIVIAN J M.D.  
137 LINDEN ST  
CLERMONT FL 34711 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JACKSON, LEE REV  
43 ELIZABETH AVE  
MASCOTTE FL 34753 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GANSTER, EDWARD  
920 FIFTH ST  
CLERMONT FL 34711 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STACY, VIOLET MRS  
1906 SOMERSWORTH DRIVE  
SOUTH BEND IN 46614 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GANSTER, MARY  
920 FIFTH ST  
CLERMONT FL 34711 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HARVEY, MARTHA  
7033 WAYSEKA AVE  
ORLANDO FL 32818 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Scott, Noel Rev ☒ Change ☒ Addition  
Mount O live Missionary Baptist Church  
15641 Stuckey Loop, Graceland, FL 34756

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

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

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

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

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

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:

*SIGNATURE REQUIRED*

Vivian J. Woodard, M.D., 4/30/00 (352) 394-6106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)