

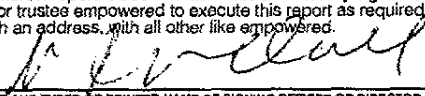


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000001891			
1. Entity Name IN HIS CARE MEDICAL MINISTRIES, INC.			
Principal Place of Business 137 LINDEN STREET CLERMONT, FL 34711	Mailing Address 137 LINDEN STREET CLERMONT, FL 34711		
DO NOT WRITE IN THIS SPACE			
		04272004 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 31-1549501	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
JORDAN, EDWARD P II 13543 E HIGHWAY 50 CLERMONT, FL 34711		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		U000000151669 05/04/04-80052-022 61.25	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCPT WOODARD, VIVIAN J M.D. 137 LINDEN ST CLERMONT, FL 34711		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACKSON, LEE REV 43 ELIZABETH AVE MASCOTTE, FL 34753		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARVEY, MARTHA 7033 WAYSEKA AVE ORLANDO, FL 32818		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LITTLETON, VANESSA 11 N. PARRAMORE AVE ORLANDO, FL 32801		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE 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: 		4/28/4	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #