

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001891

FILED  
Apr 27, 2005  
Secretary of State

**Entity Name:** IN HIS CARE MEDICAL MINISTRIES, INC.

**Current Principal Place of Business:**

137 LINDEN STREET  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

137 LINDEN STREET  
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number:** 31-1549501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DCPT ( ) Delete  
Name: WOODARD, VIVIAN J M.D.  
Address: 137 LINDEN ST  
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete  
Name: JACKSON, LEE REV  
Address: 43 ELIZABETH AVE  
City-St-Zip: MASCOTTE, FL 34753

Title: D ( ) Delete  
Name: HARVEY, MARTHA  
Address: 7033 WAYSEKA AVE  
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete  
Name: LITTLETON, VANESSA  
Address: 11 N. PARRAMORE AVE  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIVIAN J. WOODARD

DCPT

04/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date