

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001891

FILED
Apr 27, 2006
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: D (X) Change () Addition
Name: HARVEY, MARTHA
Address: 7033 WATSEKA AVE
City-St-Zip: ORLANDO, FL 32818

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 Chapter 119, 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

04/27/2006

Electronic Signature of Signing Officer or Director

Date