

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000140106

Entity Name: IN GOD'S SERVICE, P.A.

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

2281 HARMON RD.
CHIPLEY, FL 32428 US

New Principal Place of Business:

Current Mailing Address:

2281 HARMON RD.
CHIPLEY, FL 32428 US

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGALZOOM NEVADA INC
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: SHEFFIELD, VALDEE M.D.
Address: 2281 HARMON RD.
City-St-Zip: CHIPLEY, FL 32428 US

Title: DIR () Delete
Name: NEWSOME, DEBBIE RN
Address: 2281 HARMON RD.
City-St-Zip: CHIPLEY, FL 32428 US

Title: DIR () Delete
Name: SIMS, OGRETA RN
Address: 2281 HARMON RD.
City-St-Zip: CHIPLEY, FL 32428 US

Title: DIR () Delete
Name: COX, CYNTHIA
Address: 2281 HARMON RD.
City-St-Zip: CHIPLEY, FL 32428 US

Title: DIR () Delete
Name: MCCARTY, JULIA
Address: 2281 HARMON RD.
City-St-Zip: CHIPLEY, FL 32428 US

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALDEE SHEFFIELD, M. D.

DIR

04/29/2004

Electronic Signature of Signing Officer or Director

Date