

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000140106

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

FILED  
Apr 26, 2005  
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

04/26/2005

Electronic Signature of Signing Officer or Director

Date