2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2004
Secretary of State

DOCUMENT# P30221

Entity Name: IN HIS SERVICE MINISTRIES CORPORATION

Current Principal Place of Business:

7817 NATURE TRAIL
7817 NATURE TRAIL
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

7817 NATURE TRAIL
7817 NATURE TRAIL
LAKELAND, FL 33809

New Mailing Address:

FEI Number: 13-3475416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLUNKETT, MICHAEL J.
7817 NATURE TRAIL
LAKELAND, FL 33809

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: PD ( ) Delete
Name: PLUNKETT, MICHAEL J.,
Address: 7817 NATURE TRAIL
City-St-Zip: LAKELAND, FL

Title: TD ( ) Delete
Name: PLUNKETT, MARY E.,
Address: 7817 NATURE TRAIL
City-St-Zip: LAKELAND, FL

Title: VD ( ) Delete
Name: LUCAS, WILLIAM C.,
Address: RD #1 BOX 99
City-St-Zip: ROCKTON, PA 15856

Title: VD ( ) Delete
Name: TWERELL, JAMES T.,
Address: 263 W WALNUT STREET
City-St-Zip: LONG BEACH, NY 11561

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: MICHAEL J. PLUNKETT PD 04/11/2004

Electronic Signature of Signing Officer or Director — Date