

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000003218

**Entity Name:** IN HIS WAKES, INC.**Current Principal Place of Business:**ATTN: KRISTI OVERTON JOHNSON  
16440 GOOD HEARTH BLVD  
CLERMONT, FL 34711**Current Mailing Address:**PO BOX 120987  
CLERMONT, FL 34712-0987 US**FEI Number:** 06-1693902**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHNSON, KRISTI  
16440 GOOD HEARTH BLVD  
CLERMONT, FL 34711 US*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

**Officer/Director Detail :**

Title VP, DIRECTOR  
Name JOHNSON, KRISTI O  
Address ATTN: KRISTI OVERTON JOHNSON  
16440 GOOD HEARTH BLVD  
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR  
Name BREITBACH, DEAN  
Address 4460 MATTHEWS LOOP SOUTH  
City-State-Zip: SALEM OR 97302

Title DIRECTOR  
Name HARTSHORN, KENT  
Address 907 MILES RD  
City-State-Zip: SUMMERVILLE SC 29485-8705

Title PRESIDENT, DIRECTOR  
Name NATE , MILLER  
Address 61510 TALL TREE COURT  
City-State-Zip: BEND OR 97524

Title SECRETARY  
Name MILLER, IVY  
Address 61510 TALL TREE COURT  
City-State-Zip: BEND OR 97524

Title DIRECTOR  
Name KING, JAMES  
Address 61050 SUM VIEW DRIVE  
City-State-Zip: BEND OR 97702-9266

I hereby 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 all other like empowered.

**SIGNATURE:** NATE MILLER

PRESIDENT

02/18/2018

Electronic Signature of Signing Officer/Director Detail

Date