

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000002131

Entity Name: IN HIS IMAGE INSTITUTE OF COUNSELING AND TRAINING, INC.**FILED**
Apr 05, 2022
Secretary of State
4807450629CC**Current Principal Place of Business:**1801 PLUM LN
VENICE, FL 34293**Current Mailing Address:**2389 VENICE AVE #195
VENICE, FL 34292 US**FEI Number: 84-4321419****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**WINCHELL, LISA M
1801 PLUM LN
VENICE, FL 34293 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	P
Name	WINCHELL, LISA M
Address	1801 PLUM LN
City-State-Zip:	VENICE FL 34293

Title	SECRETARY
Name	SALAZAR, CHRISTINE
Address	20519 ALBURY DR
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	T
Name	COUSE, DARLENE
Address	2417 ARDEN DR
City-State-Zip:	SARASOTA FL 34232

Title	VP
Name	WINCHELL, MARK
Address	1801 PLUM LN
City-State-Zip:	VENICE FL 34293

Title	DIRECTOR
Name	GILLARD, SHERRY
Address	11339 PALM ISLAND AVE
City-State-Zip:	RIVERVIEW FL 33569

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: LISA WINCHELL**PRESIDENT****04/05/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date