

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 09, 2005  
Secretary of State**

DOCUMENT# N96000000578

Entity Name: INTERNATIONAL ALTERNATIVE MINISTRIES, INC.

**Current Principal Place of Business:**

15460 LIME DR.  
PUNTA GORDA, FL 33955

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 510906  
PUNTA GORDA, FL 33951

**New Mailing Address:**

FEI Number: 65-0640618      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ABEL, GLENN C  
15460 LIME DR.  
PUNTA GORDA, FL 33955      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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: ABEL, GLENN C  
Address: 15460 LIME DR.  
City-St-Zip: PUNTA GORDA, FL 33955

Title: TD      ( ) Delete  
Name: ABEL, DOROTHY  
Address: 15460 LIME DR.  
City-St-Zip: PUNTA GORDA, FL 33955

Title: SD      ( ) Delete  
Name: FRIEDRICK, PETER REV.  
Address: 36 NEPTUNE AVE.  
City-St-Zip: PATCHOGUE, NY 11772

**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:

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: GLENN C. ABEL

PD

02/09/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date