

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

DOCUMENT# N06000001511

**FILED**  
**May 01, 2018**  
**Secretary of State**  
**CC8872934727**

**Entity Name:** INTERNATIONAL FAMILY PRAYER MINISTRY, INC.

**Current Principal Place of Business:**

5500 ARNORLD PALMER DR  
1513  
ORLANDO, FL 32811

**Current Mailing Address:**

5554 METROWES BLVDT  
102  
ORLANDO, FL 32811 US

**FEI Number: 56-2562081**

**Certificate of Status Desired: Yes**

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

JACQUES-LOUIS, JUDITH  
5500 ARNOLD PALMER DR  
APT 1513  
ORLANDO, FL 32811 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	JACQUES-LOUIS, JUDITH
Address	5500 ARNORLD PALMER DR 1513
City-State-Zip:	ORLANDO FL 32811
Title	DIR.
Name	BERLY P, FRANCOIS
Address	949 SOUTH KIRKMAN RD APT 136
City-State-Zip:	ORLANDO FL 32811
Title	TREASURER
Name	JEAN, JAMESON
Address	5500 ARNORLD PALMER DR 1513
City-State-Zip:	ORLANDO FL 32811

Title	OTHER, COORDINATOR
Name	JEAN PIERRE, MARGALIE
Address	5500 ARNORLD PALMER DR 1513
City-State-Zip:	ORLANDO FL 32811
Title	EXECUTIVE SECRETARY
Name	JEAN, JAMESON EX
Address	5500 ARNOLD PALMER DR 1513
City-State-Zip:	ORLANDO FL 32811

*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: JACQUES- LOUIS,JUDITH**

**P**

**05/01/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date