

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001511

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

**FILED**  
**Mar 20, 2019**  
**Secretary of State**  
**0485182095CC**

**Current Principal Place of Business:**

729 SHERWOOD TERRACE  
DR APT 214  
ORLANDO, FL 32818-7405

**Current Mailing Address:**

729 SHERWOOD TERRACE  
DR APT 214 102  
ORLANDO, FL 32818-7405 US

**FEI Number: 56-2562081**

**Certificate of Status Desired: Yes**

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

JACQUES-LOUIS, JUDITH  
729 SHERWOOD TERRACE  
DR APT 214  
ORLANDO, FL 32818-7405 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            LOUIS, JUDITH JACQUES  
Address        729 SHERWOOD TERRACE  
                  DR APT 214  
City-State-Zip: ORLANDO FL 32818-7405

Title            EXECUTIVE SECRETARY  
Name            MICHEL, NADEGE EX  
Address        5500 ARNOLD 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

*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: JUDITH JACQUES-LOUIS**

**PRESIDENT**

**03/20/2019**

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

\_\_\_\_\_  
Date