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

Electronic Signature of Signing Officer/Director Detail

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001511

Entity Name: INTERNATIONAL FAMILY PRAYER MINISTRY, INC.

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

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

Officer/Director Detail :

| | Title | PRESIDENT | Title | DIRECTOR |
|--|----------------------|------------------------------------|----------------------------|--------------------------------|
| | Name | JACQUES-LOUIS, JUDITH | Name | BERLY P, FRANCOIS |
| | Address | 729 SHERWOOD TERRACE DR APT 214 | Address | 949 SOUTH KIRKMAN RD APT 136 |
| | City-State-Zip: | ORLANDO FL 32818-7405 | City-State-Zip: | ORLANDO FL 32811 |
| | Title | EXECUTIVE SECRETARY | Title | TREASURER |
| | Title | | Name | JEAN, JAMESON |
| | Name Address | ERDAIN, SONIA 2313 W ARCH ST | Address | 5500 ARNORLD PALMER DR 1513 |
| | City-State-Zip: | 1513 TAMPA FL 33607 | City-State-Zip: | ORLANDO FL 32811 |
| | Title VICE PRESIDENT | VICE PRESIDENT | Title | ASSISTANT TREASURER |
| | | | Name | VERLUS, RACHELLE |
| | Name | AGELUS, FEDNY | Address City-State-Zip: | 390 CHANDLER BLUFF CT |
| | Address | 6784 RICKWOOD DRIVE | | GRAYSON GA 30017 |
| | City-State-Zip: | PENSACOLA FL 32526 | - , p | |
| | | | | |

Certificate of Status Desired: Yes

FILED Feb 23, 2023 Secretary of State 4484097549CC

> 02/23/2023 Date

Date

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