

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000003044

Entity Name: INTEGRAL WORLD INTERNATIONAL MINISTRIES, INC.**Current Principal Place of Business:**500 NE 167TH STREET
NORTH MIAMI BEACH, FL 33162**Current Mailing Address:**500 NE 167TH STREET
NORTH MIAMI BEACH, FL 33162 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DR. LYNE BIEN-AIME
500 NE 167TH STREET
NORTH MIAMI BEACH, FL 33162 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 | DR. LYNE BIEN-AIME |
| Address | 500 NE 167TH STREET |
| City-State-Zip: | NORTH MIAMI BEACH FL 33162 |

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| Title | T |
| Name | MOMPOINT, SAMUEL |
| Address | 500 NE 167TH STREET |
| City-State-Zip: | NORTH MIAMI BEACH FL 33162 |

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| Title | BD |
| Name | DR. HARRY J FREZIN |
| Address | 500 NE 167TH STREET |
| City-State-Zip: | NORTH MIAMI BEACH FL 33162 |

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|-----------------|----------------------------|
| Title | AS |
| Name | YOUSELANDE G BIEN-AIME |
| Address | 500 NE 167TH STREET |
| City-State-Zip: | NORTH MIAMI BEACH FL 33162 |

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|-----------------|----------------------------|
| Title | HR |
| Name | THOMAS, SHARON L |
| Address | 500 NE 167TH STREET |
| City-State-Zip: | NORTH MIAMI BEACH FL 33162 |

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|-----------------|----------------------------|
| Title | S |
| Name | THOMAS, HENRIQUEZ |
| Address | 500 NE 167TH STREET |
| City-State-Zip: | NORTH MIAMI BEACH FL 33162 |

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|-----------------|----------------------------|
| Title | VP |
| Name | STEPHEN, HANS |
| Address | 500 NE 167TH STREET |
| City-State-Zip: | NORTH MIAMI BEACH FL 33162 |

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|-----------------|----------------------------|
| Title | COOD |
| Name | CARL-ALAIN BIEN-AIME |
| Address | 500 NE 167TH STREET |
| City-State-Zip: | NORTH MIAMI BEACH FL 33162 |

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: LYNE BIEN-AIME**P****04/22/2021**

Electronic Signature of Signing Officer/Director Detail

Date