

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

DOCUMENT# N96000000578

**FILED**  
**Mar 26, 2019**  
**Secretary of State**  
**5738111750CC**

**Entity Name:** INTERNATIONAL ALTERNATIVE MINISTRIES, INC.

**Current Principal Place of Business:**

15460 LIME DR.  
PUNTA GORDA, FL 33955

**Current Mailing Address:**

PO BOX 510906  
PUNTA GORDA, FL 33951

**FEI Number: 65-0640618**

**Certificate of Status Desired: No**

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

ABEL, GLENN C  
15460 LIME DR.  
PUNTA GORDA, FL 33955 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 ABEL, GLENN C  
Address 15460 LIME DR.  
City-State-Zip: PUNTA GORDA FL 33955

Title TD  
Name ABEL, DOROTHY  
Address 15460 LIME DR.  
City-State-Zip: PUNTA GORDA FL 33955

Title SD  
Name FRIEDRICK, PETER REV.  
Address 239 STATION HOUSE ROAD  
City-State-Zip: NEW BERN NC 28562

*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: GLENN ABEL**

**P**

**03/26/2019**

Electronic Signature of Signing Officer/Director Detail

Date