

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000936

Entity Name: I AM MINISTRIES, INC.

**Current Principal Place of Business:**

1015 COMMERCE AVE  
VERO BEACH, FL 32960

**Current Mailing Address:**

P.O. BOX 2458  
VERO BEACH, FL 32961-2458 US

FEI Number: 59-3354241

Certificate of Status Desired: No

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

BENJOUALI, ROBIN  
123 BRIAR CLIFF CIRCLE  
SEBASTIAN, FL 32958 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: ROBIN BENJOUALI

03/02/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name BENJOUALI, ROBIN  
Address 123 BRIAR CLIFF CIRCLE  
City-State-Zip: SEBASTIAN FL 32958

Title VP  
Name SINCLAIR, CHARLES  
Address 101 RIVER OAK LANE  
City-State-Zip: INDIAN RIVER SHORES FL 32963

Title D  
Name CROCKETT, JAMES  
Address 81 PASSAGE ISLAND  
City-State-Zip: VERO BEACH FL 32963

Title D  
Name JANICE, LAUFFER  
Address 2025 CLUB DRIVE  
City-State-Zip: VERO BEACH FL 32963

Title D  
Name DEBBIE, TRUE  
Address 5401 DEER RUN DRIVE  
City-State-Zip: FT. PIERCE FL 32951

Title DIRECTOR  
Name COLKITT, CHAD  
Address 5050 E 1ST SQUARE  
City-State-Zip: VERO BEACH FL 32968-2200

Title TREASURER  
Name CARLUCCI, MARY  
Address 604 CENTRE CT SW  
202  
City-State-Zip: VERO BEACH FL 32962

Title DIRECTOR  
Name LUNDIN, STEVE  
Address 940 TURTLE COVE LN  
City-State-Zip: VERO BEACH FL 32963

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*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: ROBIN BENJOUALI

EXECUTIVE DIRECTOR

03/02/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           RICKARD, NORMAN  
Address        390 SABAL PALM LN  
City-State-Zip: VERO BEACH FL 32963