## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000006727

FILED Mar 19, 2009 Secretary of State

Entity Name: IBS-STL MINISTRIES FOUNDATION (COLORADO NONPROFIT CORPORATION)

**Current Principal Place of Business: New Principal Place of Business:** 1820 JET STREAM DRIVE COLORADO SPRINGS, CO 80921 **Current Mailing Address: New Mailing Address:** 1820 JET STREAM DRIVE COLORADO SPRINGS, CO 80921 FEI Number: 84-1190575 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JARAMILLO, LUCIANO 10422 NW 31ST TERRACE **UNIT 18** MIAMI, FL 331721200 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition PASSMAN, DAVID DANBY, KEITH Name: Name: 1820 JET STREAM DRIVE Address: 1820 JET STREAM DRIVE Address: City-St-Zip: COLORADO SPRINGS, CO 80921 City-St-Zip: COLORADO SPRINGS, CO 80921 Title: Title: ( ) Delete () Change () Addition DINOLFO, ROBERT Name: Name: Address: 1820 JET STREAM DRIVE Address: City-St-Zip: COLORADO SPRINGS, CO 80921 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition ROSSBACK, KATHLEEN Name: Name: Address: Address: 1820 JET STREAM DRIVE City-St-Zip: City-St-Zip: COLORADO SPRINGS, CO 80921 Title: () Delete Title: ( ) Change (X) Addition Name: Name: RICHARDS, WILLIAM M SR. Address: Address: 1820 JET STREAM DRIVE City-St-Zip: City-St-Zip: COLORADO SPRINGS, CO 80921 Title: () Delete Title: ( ) Change (X) Addition GOODWIN, ANDY Name: Name: 1820 JET STREAM DRIVE Address: Address: City-St-Zip: City-St-Zip: COLORADO SPRINGS, CO 80921 Title: () Delete Title: ( ) Change (X) Addition SMITH, HANK Name: Name: Address: Address: 1820 JET STREAM DRIVE COLORADO SPRINGS, CO 80921 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT DINOLFO T 03/19/2009