

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002384

FILED
Jul 11, 2009
Secretary of State

Entity Name: INTERNATIONAL FELLOWSHIP OF CHAPLAINS, INC.

Current Principal Place of Business:

3290 N. MICHIGAN AVE.
SAGINAW, MI 48603

New Principal Place of Business:

Current Mailing Address:

PO BOX 5922
SAGINAW, MI 48603

New Mailing Address:

FEI Number: 38-3446353 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DUNCAN, TERRY
6121 US 98 NORTH
LAKELAND, FL 33809 US

Name and Address of New Registered Agent:

BUTLER, DAVID
218 AVILA RD
WEST PALM BEACH, FL 33405 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: DAVID L BUTLER

07/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: ELDER, TRACY DR
Address: 410 COE ST
City-St-Zip: TIFFIN, OH 44883

Title: PD () Delete
Name: VORCE, DAVID DR
Address: 3290 N. MICHIGAN AVE.
City-St-Zip: SAGINAW, MI 48603

Title: SD () Delete
Name: MORRIS, TERRY
Address: 3200 KERN RD.
City-St-Zip: LAKE ORION, MI 48360

Title: TD () Delete
Name: SCHWEIGERT, THOMAS
Address: 4388 LAMSON DR
City-St-Zip: WATERFORD, MI 48329

Title: D () Delete
Name: MORRIS, PATRICIA C.
Address: 3200 KERN RD
City-St-Zip: LAKE ORION, MI 48360

Title: D () Delete
Name: VORCE, JUDITH A.
Address: 3290 N. MICHIGAN AVE.
City-St-Zip: SAGINAW, MI 48603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VORCE, DAVID DR
Address: 3290 N MICHIGAN
City-St-Zip: SAGINAW, MI 48604

Title: D (X) Change () Addition
Name: VORCE, JUDITH MANAGER
Address: 3290 N. MICHIGAN AVE.
City-St-Zip: SAGINAW, MI 48604

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: DAVID C VORCE

PD

07/11/2009

Electronic Signature of Signing Officer or Director

Date