

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000566

FILED
Jan 10, 2011
Secretary of State

Entity Name: INTERNATIONAL FAITH FOR CHRISTIAN FELLOWSHIP, INC.

Current Principal Place of Business:

4351 WEST OAKLAND PARK BLVD
LAUDERDALE LAKES, FL 33313

New Principal Place of Business:

Current Mailing Address:

4351 WEST OAKLAND PARK BLVD
LAUDERDALE LAKES, FL 33313

New Mailing Address:

FEI Number: 65-1042991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANT, EVAN BISHOP
4470 CORAL SPRINGS DR.
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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:

Title: PD
Name: GRANT, EVAN BISHOP
Address: 4470 CORAL SPRINGS DR.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T
Name: BANTON, MITZIE
Address: 317 SW 77TH TERR
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: S
Name: GRANT, CLEVELAND
Address: 3690 NW 110TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T
Name: FOSTER, MERLE
Address: 6535 BOULEVARD OF CHAMPIONS
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: S
Name: PALMER, PAULINE
Address: 421 BANKS ROAD #7
City-St-Zip: MARGATE, FL 33063

Title: T
Name: GRANT-WALKER, ANNETTE
Address: 3690 NW 110TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

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: EVAN GRANT

PRES

01/10/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date