2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000000114

Current Principal Place of Business:

Apr 29, 2002 8:00 AM Secretary of State

Entity Name: INTERNATIONAL ADVENTURES IN MEDICINE MINISTRIES, INCORPORATED

5217 8TH AVE. S. 790 LA PLAZA AVENUE SOUTH GULFPORT, FL 337072511 SUITE#3 ST. PETERSBURG, FL 33707 **Current Mailing Address:** New Mailing Address: 790 LA PLAZA AVENUE SOUTH 5217 8TH AVE. S GULFPORT, FL 337072511 SUITE#3 ST. PETERSBURG, FL 33707 US FEI Number: 59-3710336 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOWIE, JOYCE E BOWIE, JOYCE E 2511 WITHOUT WALLS INTERNATIONAL PLACE 5115 45TH AVENUE NORTH TAMPA, FL 33607 ST. PETERSBURG, FL 33709 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: 04/29/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

New Principal Place of Business:

(X) Change () Addition () Delete BOWIE, JOYCE E BOWIE, JOYCE E Name: Name: 5115 45TH AVE NORTH Address: 5115 45TH AVE NORTH Address: City-St-Zip: ST PETERSBURG, FL 33709 City-St-Zip: ST PETERSBURG, FL 33709 US Title: () Delete Title: (X) Change () Addition CIRINCIONE, KATHLEEN M CIRINCIONE, KATHLEEN M Name: Name: Address: 14081 N BAYSHORE DR Address: 14081 N BAYSHORE DR City-St-Zip: MADEIRA BEACH, FL 33708 City-St-Zip: MADEIRA BEACH, FL 33708 US Title: () Delete Title: (X) Change () Addition WHITE, DARLENE M CIRINCIONE, RICHARD J Name: Name: 13002 WHISPER SOUND DR 14081 N. BAYSHORE DR. Address: Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: MADEIRA BEACH, FL 33708 US (X) Change () Addition Title: () Delete Title: WHITE, FRANKLIN E JR Name: Name: POPE, ROGER C 13002 WHISPER SOUND DR Address: Address: 3908 57TH STREET E. City-St-Zip: TAMPA, FL 33624 City-St-Zip: PALMETTO, FL 34221 US Title: () Delete Title: (X) Change () Addition SCHAPER, KARA K SCHAPER, KARA K Name: Name: 5516 FRONTIER DR 5516 FRONTIER DR Address: Address: ZEPHYRHILLS, FL 33540 US City-St-Zip: ZEPHYRHILLS, FL 33540 City-St-Zip: Title: () Delete Title: () Change (X) Addition VAN KOEVERING, JOEY R Name: Name: Address: Address: 7234 1ST. AVENUE SOUTH ST. PETERSBURG, FL 33707 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOYCE BOWIE D 04/29/2002