

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006**  
**Secretary of State**

DOCUMENT# N01000000114

**Entity Name:** INTERNATIONAL ADVENTURES IN MEDICINE MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

790 LA PLAZA AVENUE SOUTH  
ST. PETERSBURG, FL 33707 US

**New Principal Place of Business:**

5115 45TH AVENUE NORTH  
ST. PETERSBURG, FL 33709 US

**Current Mailing Address:**

5115 45TH AVENUE NORTH  
ST. PETERSBURG, FL 33709 US

**New Mailing Address:**

FEI Number: 59-3710336      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BOWIE, JOYCE E  
5115 45TH AVENUE NORTH  
ST. PETERSBURG, FL 33709 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: D      ( ) Delete  
Name: BOWIE, JOYCE E  
Address: 5115 45TH AVE NORTH  
City-St-Zip: ST PETERSBURG, FL 33709 US

Title: D      ( ) Delete  
Name: CIRINCIONE, KATHLEEN M  
Address: 14081 N BAYSHORE DR  
City-St-Zip: MADEIRA BEACH, FL 33708 US

Title: D      ( ) Delete  
Name: CIRINCIONE, RICHARD J  
Address: 14081 N. BAYSHORE DR.  
City-St-Zip: MADEIRA BEACH, FL 33708 US

Title: D      ( ) Delete  
Name: LORENTO, JACQUELINE M  
Address: 1490 LACONIA DRIVE WEST  
City-St-Zip: CLEARWATER, FL 33764 US

Title: D      ( ) Delete  
Name: BEARRY, JANA L  
Address: 303 LAKEVIEW AVENUE  
City-St-Zip: SEFFNER, FL 33584 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOYCE E BOWIE

D

04/26/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date