2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006
Secretary of State

DOCUMENT# N01000002440

Entity Name: INTERNATIONAL APOSTOLIC MINISTRIES, INC.

Current Principal Place of Business:

225 N. DOVER DR
DOVER, FL 33527

New Principal Place of Business:

Current Mailing Address:

225 N. DOVER DR
DOVER, FL 33527

New Mailing Address:

FEI Number: 91-1865809 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

CAREY, RICHARD
225 N. DOVER DR
DOVER, FL 33527 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: BERKLEY, JAMES
Address: PO BOX 1864
City-St-Zip: MARYSVILLE, WA 98270

Title: D ( ) Delete
Name: WILSON, RICHARD C
Address: 231 N. DOVER RD.
City-St-Zip: DOVER, FL 33527

Title: P ( ) Delete
Name: ANDERSON, WAYNE C
Address: 2701 N. TURNBERRY WAY
City-St-Zip: MERIDIAN, ID 83632

Title: STD ( ) Delete
Name: CAREY, RICHARD E
Address: 731 GRAND CANYON DR.
City-St-Zip: VALRICO, FL 33594

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:

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: RICHARD CAREY STD 05/03/2006
Electronic Signature of Signing Officer or Director — Date