

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004377

1. Entity Name

INTERNATIONAL FAITH FELLOWSHIP, INC.

Principal Place of Business

Mailing Address

390 FLAMINGO BLVD.  
PORT CHARLOTTE FL 33954

390 FLAMINGO BLVD.  
PORT CHARLOTTE FL 33954

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1116830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLOAN, LAURA  
4820 ALAMETOS TERR.  
NORTH PORT FL 34286

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME LOWE, MARY  
STREET ADDRESS 19392 LAUZON AVE.  
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE D ☐ Change ☒ Addition  
NAME Sloan, Ricky E  
STREET ADDRESS 4820 Alametos Terr.  
CITY-ST-ZIP N Port FL 34286

TITLE D ☐ Delete  
NAME SLOAN, LAURA  
STREET ADDRESS 4820 ALAMETOS TERR.  
CITY-ST-ZIP N. PORT FL 34286

TITLE D ☐ Change ☒ Addition  
NAME Niswender, Brenda  
STREET ADDRESS 2306 Malibu Lane  
CITY-ST-ZIP N Port FL 34286

TITLE D ☐ Delete  
NAME OKONKWO, LOUIS  
STREET ADDRESS 728 MIRADO BLVD.  
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE D ☐ Change ☒ Addition  
NAME Amara, Joseph  
STREET ADDRESS 21012 Delake Avenue  
CITY-ST-ZIP Port Charlotte FL 33954

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME Wood, Timothy  
STREET ADDRESS 28200 Bernant Rd. Apt 1E  
CITY-ST-ZIP Punta Gorda FL 33982

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-02

Date

941-255-0014 ext 201

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)