

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90066 026 ****61.25

DOCUMENT # N01000004377

1. Entity Name

INTERNATIONAL FAITH FELLOWSHIP, INC.



Principal Place of Business

390 FLAMINGO BLVD.
PORT CHARLOTTE FL 33954

Mailing Address

390 FLAMINGO BLVD.
PORT CHARLOTTE FL 33954

40014071



1st MOORE

CR2E037 (10/04)

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LOWE, MARY	
STREET ADDRESS	20341 XITA AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLOAN, LAURA	
STREET ADDRESS	4820 ALAMETOS TERR.	
CITY-ST-ZIP	N. PORT FL 34286	
TITLE	D	<input type="checkbox"/> Delete
NAME	OKONKWO, LOUIS	
STREET ADDRESS	728 MIRADO BLVD.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLOAN, RICKY E	
STREET ADDRESS	4820 ALAMETOS TERR.	
CITY-ST-ZIP	N. PORT FL 34286	
TITLE	D	<input type="checkbox"/> Delete
NAME	NISWANDER, BRENDA	
STREET ADDRESS	2306 MALIBU LANE	
CITY-ST-ZIP	NORTH PORT FL 34286	
TITLE	D	<input type="checkbox"/> Delete
NAME	UMANA, JOSEPH	
STREET ADDRESS	21012 DELAKE AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	23104 Newcun Ave.	
CITY-ST-ZIP	Port Charlotte FL 33980	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	23104 Newcun Ave.	
CITY-ST-ZIP	Port Charlotte FL 33980	
TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

Mary Lowe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-05

Date

941-255-0014 ext 204

Daytime Phone #