

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90960 035 ****61.25

DOCUMENT # NO1000004377

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**

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SLOAN, LAURA
4820 ALAMETOS TERR.
NORTH PORT FL 34286**

7. Name and Address of New Registered Agent

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

Laura Sloan

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **LOWE, MARY**
STREET ADDRESS **10302 LAUZON AVE. 20341 Xita Ave.**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948 33952**

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

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

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

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

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

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

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

TITLE **D A** ☐ Delete
NAME **NISWANDER, BRENDA**
STREET ADDRESS **2306 MALIBU LANE**
CITY-ST-ZIP **NORTH PORT FL 34286**

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

TITLE **D A** ☐ Delete
NAME **UMENA, JOSEPH**
STREET ADDRESS **21012 DELAKE AVENUE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

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

2-26-03

741-255-004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)