

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007552

FILED  
Jan 05, 2004  
Secretary of State

**Entity Name:** INTERNATIONAL PASTORS AND LEADERSHIP COUNCIL, INC.

**Current Principal Place of Business:**

7601 FOREST CITY RD  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 608607  
ORLANDO, FL 32860

**New Mailing Address:**

**FEI Number:** 59-3750401

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, SUSAN J  
5200 S US HWY 17-92  
CASSELBERRY, FL 32707 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: DP ( ) Delete  
Name: BROWN, CLINT S  
Address: 7601 FOREST CITY RD  
City-St-Zip: ORLANDO, FL 32810

Title: DV ( ) Delete  
Name: BAUM, TERRY D  
Address: 7601 FOREST CITY RD  
City-St-Zip: ORLANDO, FL 32810

Title: DT ( ) Delete  
Name: PAYNE, STEPHANIE  
Address: 7601 FOREST CITY RD  
City-St-Zip: ORLANDO, FL 32810

Title: DS ( ) Delete  
Name: BAUM, DEBRA  
Address: 7601 FOREST CITY RD  
City-St-Zip: ORLANDO, FL 32810

Title: DM ( ) Delete  
Name: BROWN, CHARLES  
Address: 7601 FOREST CITY RD  
City-St-Zip: ORLANDO, FL 32810

**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 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 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: STEPHANIE PAYNE

DT

01/05/2004

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

\_\_\_\_\_  
Date