2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000001588

1. Entity Name
INTERNATIONAL MINISTRIES BACK TO THE WORD INC.

Principal Place of Business	Mailing Address
1612 PEREGRINE FLACONS WAY #204 ORLANDO, FL 32837	PO BOX 450746 KISSIMMEE, FL 34745

04272004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3626838
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RONDON, HENRY
1612 PEREGRINE FALCON'S WAY
APT. 204
ORLANDO, FL 32837

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when checked.

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

U00000152383
05/04/04-80085-008 70.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RONDON, HENRY
STREET ADDRESS	1612 PEREGRIN FALCON'S WAY, APT. #204
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	VTD
NAME	RONDON, NIOSKA
STREET ADDRESS	1612 PEREGRIN FALCON'S WAY, APT. #204
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	D
NAME	ALFONZO, SOLYMAR
STREET ADDRESS	1612 PEREGRIN FALCON'S WAY, APT. #204
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 an attachment with an address, with all other like empowered.

SIGNATURE: Henry Vladimir Rondon HENRY VLADIMIR RONDON 04/27/04 (407) 5829252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #