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

FILED
Feb 10, 2003 8:00 am
Secretary of State
02-10-2003 90438 028 ****70.00

DOCUMENT # N02000001588

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1612 PEREGRINE FALCON'S WAY	P.O. BOX 4507460
Suite, Apt. #, etc. #204	Suite, Apt. #, etc.
City & State ORLANDO, FL	City & State KISSIMMEE, FL
Zip 32837 Country USA	Zip 34745 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3626636 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name HENRY RONDON

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

1612 PEREGRINE FALCON'S WAY, #204

City ORLANDO FL Zip Code 32837

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 H. Rondon DATE

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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/P
NAME	HENRY RONDON
STREET ADDRESS	1612 PEREGRINE FALCON'S WAY, #204
CITY-ST-ZIP	ORLANDO, FL, 32837
TITLE	V/T/D
NAME	NIOSKA RONDON
STREET ADDRESS	1612 PEREGRINE FALCON'S WAY, #204
CITY-ST-ZIP	ORLANDO, FL, 32837
TITLE	D
NAME	SOLYMAR ALFONZO
STREET ADDRESS	1612 PEREGRINE FALCON'S WAY, #204,
CITY-ST-ZIP	ORLANDO, FL, 32837.
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CR2E037B (12/02)

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

SIGNATURE: H. Rondon 02.07.03 407-5829252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #