

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008001

FILED
Apr 26, 2009
Secretary of State

Entity Name: INTERNATIONAL MINISTRIES OF THE GLORIOUS CHURCH, INC.

Current Principal Place of Business:

542 19TH ST
APT B
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

542 19TH ST
APT B
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 50-0008331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARIZ, REINA M
542 19TH ST
APT B
WEST PALM BEACH, FL 33407 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: D () Delete
Name: ARIZ, REINA M
Address: 542 19TH ST APT B
City-St-Zip: WEST PALM BEACH, FL 33407

Title: DT () Delete
Name: ARIZ, MAYDA
Address: 542 19TH ST APT A
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: DEL CARPIO, ROSA
Address: 2779 EMORY DR EAST #H
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D () Delete
Name: VALERO, EVID
Address: 2067 TARRAGON RD.
City-St-Zip: WEST PALM BEACH, FL 33415

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: REINA ARIZ

DIR

04/26/2009

Electronic Signature of Signing Officer or Director

Date