## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Volm Williams

SIGNATURE:

## Jul 06, 2006 8:00 am Secretary of State DOCUMENT # N05000001980 07-06-2006 90005 030 \*\*\*\*61.25 INTERNATIONAL INSTITUTE OF CHURCH MANAGEMENT, INC. Principal Place of Business Mailing Address 300 WEST 74TH PLACCE, SUITE 207 26 REGAL WALK 20041165 HIALEAH, FL 33014 STATEN ISLAND, NY 10303 2. Principal Place of Business 8606 Buckskin Manor 3. Mailing Address Suite, Apt. #, etc. 01072006 Cha-NP CR2E037 (11/05) City & State City & State 4. FEI Number Applied For Davie Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A, Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City 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 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition WILLIAMS, JOHN NAME NAME STREET ADDRESS 300 WEST 74TH PLACCE, SUITE 207 STREET ADDRESS HIALEAH, FL 33014 CITY-ST-ZIP CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WILLIAMS, VASANTHA NAME 300 WEST 74TH PLACCE, SUITE 207 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL 33014 STD TITLE Oelete ☐ Addition ☐ Change KUMAR, CYNTHIA P NAME NAME STREET ADDRESS 300 WEST 74TH PLACCE, SUITE 207 STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33014 CITY-ST-ZIP TATLE ☐ Delete TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

FILED