

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001980

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** INTERNATIONAL INSTITUTE OF CHURCH MANAGEMENT, INC.

**Current Principal Place of Business:**

8606 BUCKSKIN MANOR  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

26 REGAL WALK  
STATEN ISLAND, NY 10303

**New Mailing Address:**

**FEI Number:** 16-1717772

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VARGHESE, MATHAI  
8606 BUCKSKIN MANOR  
DAVIE, FL 33328 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: PD ( ) Delete  
Name: WILLIAMS, JOHN  
Address: 26 REGAL WALK  
City-St-Zip: STATEN ISLAND, NY 10303

Title: VD ( ) Delete  
Name: WILLIAMS, VASANTHA  
Address: 26 REGAL WALK  
City-St-Zip: STATEN ISLAND, NY 10303

Title: STD ( ) Delete  
Name: KUMAR, CYNTHIA P  
Address: 26 REGAL WALK  
City-St-Zip: STATEN ISLAND, NY 10303

**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:

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: JOHN WILLIAMS

PD

03/31/2009

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

\_\_\_\_\_  
Date