

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90048 044 ****70.00

DOCUMENT # N05000007415

1. Entity Name

**INTERNATIONAL FELLOWSHIP OF ANCIENT AFRICAN
REIGIONS, INC.**



Principal Place of Business

P.O. BOX 560607
ORLANDO FL 32856

Mailing Address

P.O. BOX 560607
ORLANDO FL 32856



2. Principal Place of Business

110 PINE ISLE DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

SANFORD, FLORIDA

City & State

SANFORD, FLORIDA

4. FEI Number

54-2176870

☒ Applied For

☐ Not Applicable

Zip

32773

Country

SEMINOLE

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HALL, KATHY B
204 MALTESE CIR LOFT UNIT #10
FERN PK FL 32730**

7. Name and Address of New Registered Agent

Name

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

City

FL

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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: COB
NAME: ADELEKAN, ADEYELA ☐ Delete
STREET ADDRESS: P.O. BOX 560607
CITY-ST-ZIP: ORLANDO FL 32856

TITLE: P
NAME: SWYNAERDE, FLORENT ☐ Delete
STREET ADDRESS: 4049 S ORANGE BLOSSOM TR STE 1109
CITY-ST-ZIP: ORLANDO FL 32839

TITLE: ST
NAME: HALL, KATHY B ☐ Delete
STREET ADDRESS: P.O. BOX 560607
CITY-ST-ZIP: ORLANDO FL 32856

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: COB
NAME: CHIEF ADEYELA ADELEKAN ☒ Change ☐ Addition
STREET ADDRESS: 110 PINE ISLE DRIVE
CITY-ST-ZIP: SANFORD, FLORIDA 32773

TITLE: P
NAME: PROF. DR. FLORENTA. COUNT BOGAERTS ☐ Change ☐ Addition
STREET ADDRESS: SAME
CITY-ST-ZIP:

TITLE: ST ☒ Change ☐ Addition
NAME: HALL, KATHY B.
STREET ADDRESS: 110 PINE ISLE DRIVE
CITY-ST-ZIP: SANFORD, FLORIDA 32773

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

1-28-06 407-252-5635