

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90397 009 \*\*\*\*70.00

<b>DOCUMENT # N05000007415</b>						
<b>1. Entity Name</b> INTERNATIONAL FELLOWSHIP OF ANCIENT AFRICAN REIGIONS, INC.						
<b>Principal Place of Business</b> 110 PINE ISLE DRIVE SANFORD, FL 32773			<b>Mailing Address</b> P.O. BOX 560607 ORLANDO, FL 32856			
<b>2. Principal Place of Business - No P.O. Box #</b> 504 MACAL LANE		<b>3. Mailing Address</b> P.O. BOX 560607				
Suite, Apt. #, etc. SUITE # 11		Suite, Apt. #, etc.				
<b>City &amp; State</b> FERN PARK, FLORIDA		<b>City &amp; State</b> ORLANDO, FLORIDA				
<b>Zip</b> 32730		<b>Country</b> USA		<b>Zip</b> 32856		
<b>Country</b> USA		<b>4. FEI Number</b> 54-2176870				
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable		
<b>6. Name and Address of Current Registered Agent</b> HALL, KATHY B 204 MALTESE CIR LOFT UNIT #10 FERN PK, FL 32730			<b>7. Name and Address of New Registered Agent</b> Name: KATHY B. HALL Street Address (P.O. Box Number is Not Acceptable): 504 MACAL LANE, SUITE #11 City: FERN PARK, FL Zip Code: 32730			
<b>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.</b> SIGNATURE:  DATE: 4-26-07						
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> COB	<b>NAME</b> ADELEKAN, ADEYELA CHIEF		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 110 PINE ISLE DRIVE	<b>CITY-ST-ZIP</b> SANFORD, FL 32773		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> P	<b>NAME</b> PROF. DR. FLORENT A. COUNT BOGAERTS		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 4049 S ORANGE BLOSSOM TR STE 1109	<b>CITY-ST-ZIP</b> ORLANDO, FL 32839		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> ST	<b>NAME</b> HALL, KATHY B		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 110 PINE ISLE DRIVE	<b>CITY-ST-ZIP</b> SANFORD, FL 32773		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>						
<b>SIGNATURE:</b>			4/26/07 (407) 571-6922			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #			