## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000007415

FILED Aug 24, 2008 Secretary of State

Entity Name: INTERNATIONAL FELLOWSHIP OF ANCIENT AFRICAN REIGIONS, INC.

Current Principal Place of Business: New Principal Place of Business:

504 MACAL LANE 621 TRINIDAD COURT SUITE #11 WINTER PARK, FL 32792

CASSELBERRY, FL 32730

**Current Mailing Address:** 

New Mailing Address:

P.O.BOX 560607 ORLANDO, FL 32856

FEI Number: 54-2176870 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HALL, KATHY B 504 MACAL LANE SUITE 11

City-St-Zip:

FERN PARK, FL 32730 US

HALL, KATHY B 621 TRINIDAD COURT WINTER PARK, FL 32792 US

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: 08/24/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

WINTER PARK, FL 32792 US

US

Title:COB () DeleteTitle:COB (X) Change () AdditionName:ADELEKAN, ADEYELA CHIEFName:RUNNELS, TONI L PRIESTSAddress:110 PINE ISLE DRIVEAddress:621 TRINIDAD COURTCity-St-Zip:SANFORD, FL 32773City-St-Zip:WINTER PARK, FL 32792 US

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 PROF. DR. FLORENT A., COUNT BOGAERT S
 Name:

 Address:
 4049 S ORANGE BLOSSOM TR STE 1109
 Address:

 City-St-Zip:
 ORLANDO, FL 32839
 City-St-Zip:

Title: ST () Delete Title: ST (X) Change () Addition
Name: HALL, KATHY B Name: HALL, KATHY B CHIEF

 Address:
 110 PINE ISLE DRIVE
 Address:
 621 TRINIDAD COURT

 City-St-Zip:
 SANFORD, FL 32773
 City-St-Zip:
 WINTER PARK, FL 32792 US

Title: ( ) Delete Title: B ( ) Change (X) Addition Name: Name: CHIN'QUEE, PHILLIP A PRIEST Address: Address: 621 TRINIDAD COURT

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.

City-St-Zip:

SIGNATURE: KATHY B. HALL, AGENT ST 08/24/2008