

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007415

FILED  
Sep 27, 2012  
Secretary of State

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

**Current Principal Place of Business:**

3924 ABBY LANE (FRONT)  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

3924 ABBY LANE (FRONT)  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

**FEI Number:** 54-2176870

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HALL, KATHY B  
3924 ABBY LANE (FRONT)  
JACKSONVILLE, FL 32207 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:** COB  
**Name:** ANOKYE CHIN'QUEE, PHILLIP KWAKU PRIEST  
**Address:** 3924 ABBY LANE (FRONT)  
**City-St-Zip:** JACKSONVILLE, FL 32207 US

**Title:** P  
**Name:** PROF. DR. FLORENT A. COUNT BOGAERTS  
**Address:** 4049 S ORANGE BLOSSOM TR STE 1109  
**City-St-Zip:** ORLANDO, FL 32839

**Title:** ST  
**Name:** HALL, KATHY B CHIEF  
**Address:** 3924 ABBY LANE (FRONT)  
**City-St-Zip:** JACKSONVILLE, FL 32207 US

**Title:** B  
**Name:** ARMSTEAD, FAYOLA PRIESTS  
**Address:** 8090 ATLANTIC BLVD. SUITE #, E4  
**City-St-Zip:** JACKSONVILLE, FL 32211 US

**Title:** B  
**Name:** OMIYINKA, MICHAEL CHIEF  
**Address:** SW/200A ADESOLA OYERE PLACE  
**City-St-Zip:** IBADAN, OYO STATE, NI NIGERIA

**Title:** B  
**Name:** SAKYI, KWADWO NANA  
**Address:** POST OFFICE BOX 165  
**City-St-Zip:** SUHUM, GH

I hereby 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 all other like empowered.

**SIGNATURE:** KATHY B. HALL

ST

09/27/2012

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

\_\_\_\_\_  
Date