

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001111

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: INTERNATIONAL FAITH MINISTRIES INC.

**Current Principal Place of Business:**

4462 SHUMARD OAK CT.  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

4462 SHUMARD OAK CT.  
ORLANDO, FL 32808

**New Mailing Address:**

FEI Number: 13-4355091

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MALENTIN, TANO O  
4462 SHUMARD OAK CT.  
ORLANDO, FL 32808 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: MALENTIN, TANO O  
Address: 4462 SHUMARD OAK CT.  
City-St-Zip: ORLANDO, FL 32808

Title: VS ( ) Delete  
Name: MALENTIN, RENEE S  
Address: 4462 SHUMARD OAK CT.  
City-St-Zip: ORLANDO, FL 32808

Title: TD ( ) Delete  
Name: AEBLI, JACQUES  
Address: 127 VARSITY CIRCLE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32808

Title: D ( ) Delete  
Name: MANTEOLA, YEMI  
Address: 374 LAURENBERG LN  
City-St-Zip: OCOEE, FL 34761

Title: D (X) Delete  
Name: HANLEY, ALLISON  
Address: 6400 HAWKS MOORE DR.  
City-St-Zip: ORLANDO, FL 32819

**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:

Title: D (X) Change ( ) Addition  
Name: HANLEY, ALLISON  
Address: 6400 HAWKS MOORE DR.  
City-St-Zip: ORLANDO, FL 32819

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: JACQUES AEBLI

TD

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date