

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003835

FILED
Apr 15, 2009
Secretary of State

Entity Name: INTERNATIONAL APOSTOLIC COMMUNITY INC.

Current Principal Place of Business:

164 SPARROW DRIVE
APT. # 104
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

164 SPARROW DRIVE
APT. # 104
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 26-2445985 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMIREZ, BLAS N
164 SPARROW DR.
APT. # 104
ROYAL PALM BEACH, FL 33411 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: P () Delete
Name: RAMIREZ, BLAS N
Address: 164 SPARROW DR. APT. # 104
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VP () Delete
Name: FRANCO AQUINO, REYNALDO
Address: 164 SPARROW DR. APT. # 104
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: S/T () Delete
Name: GARCIA, WANDA
Address: 164 SPARROW DR. APT. # 104
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: DIR () Delete
Name: DE CASTRO, BARTOLO
Address: 7139 VENETO DR.
City-St-Zip: BOYTON BEACH, FL 33411

Title: DIR () Delete
Name: DEL CARMEN, MIGUELINA
Address: 164 SPARROW DR. APT. # 104
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: DIR () Delete
Name: CAEZ, PABLO
Address: 5117 SOCIETY PL W APT.# A
City-St-Zip: WEST PALM BEACH, FL 33415

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BLAS N. RAMIREZ

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date