

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008479

FILED
Feb 26, 2009
Secretary of State

Entity Name: IBEA INTERNATIONAL MINISTRY INC.

Current Principal Place of Business:

444 MARTIGUES DR
KISSIMMEE, FL 34759 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 422706
KISSIMMEE, FL 34742 US

New Mailing Address:

FEI Number: 26-4072902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDINO, EDITH
444 MARTIGUES DR
KISSIMMEE, FL 34759 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: ANDINO, EDITH
Address: 444 MARTIGUES DR
City-St-Zip: KISSIMMEE, FL 34759 US

Title: V () Delete
Name: BAEZ, ISIDRO
Address: 444 MARTIGUES DR
City-St-Zip: KISSIMMEE, FL 34759 US

Title: S () Delete
Name: CALDERON, LEYSIE Y
Address: CALLE LIRIOS # 79 BUENA VISTA
City-St-Zip: CAROLINA, PR 00985 PR

Title: T () Delete
Name: BAEZ, JOCABED
Address: 3991 GOLDEN FINCH
City-St-Zip: KISSIMMEE, FL 34746 US

Title: R () Delete
Name: ROSA, IRIS N
Address: CALLE PALMA REAL #144 BUENA VISTA
City-St-Zip: CAROLINA, PR 00985 PR

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:

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: EDITH ANDINO

P

02/26/2009

Electronic Signature of Signing Officer or Director

Date