

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38726

**FILED**  
**Apr 28, 2004**  
**Secretary of State**

**Entity Name:** INTERNATIONAL RELIEF AND TRAINING, INC.

**Current Principal Place of Business:**

1110 RIFLECREST AVE  
VALRICO, FL 33594 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1364  
BRANDON, FL 335091364

**New Mailing Address:**

**FEI Number:** 59-3015261      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

VORSTER, SAREL  
1110 RIFLECREST  
VALRICO, FL 33594 US

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

VORSTER, SAREL J MR  
1110 RIFLECREST  
VALRICO, FL 33594 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: SAREL VORSTER

04/28/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BADENHORST, MARLENE MS  
Address: 1110 RIFLECREST AVE  
City-St-Zip: VALRICO, FL 33594 US

Title: D ( ) Delete  
Name: RICHARDSON, CARL H REV  
Address: 304 EAST LUMSDEN ROAD  
City-St-Zip: BRANDON, FL 33511 US

Title: DV ( ) Delete  
Name: BADENHORST, MARTHINUS L MR  
Address: 1110 RIFLECREST AVE  
City-St-Zip: VALRICO, FL 33594 US

Title: DTS ( ) Delete  
Name: SKINNER, AMANDA MS  
Address: 1110 RIFLECEST AVE  
City-St-Zip: VALRICO, FL 33594 US

Title: D ( ) Delete  
Name: VORSTER, TRUDIE M MS  
Address: 1110 RIFLECREST AVE  
City-St-Zip: VALRICO, FL 33594 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: DV (X) Change ( ) Addition  
Name: BADENHORST, MARTHINUS L MR  
Address: 1110 RIFLECREST AVE  
City-St-Zip: VALRICO, FL 33594 US

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 for the exemption stated in Section 119.07(3)(i), 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: MARLENE BADENHORST

MS

04/28/2004

Electronic Signature of Signing Officer or Director

Date