

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000001958

1. Entity Name
INTERNATIONAL CHURCH FELLOWSHIP, INC.



Principal Place of Business

7255 S. MILITARY TRAIL
LAKE WORTH, FL 33463

Mailing Address

7255 S. MILITARY TRAIL
LAKE WORTH, FL 33463

DO NOT WRITE IN THIS SPACE



04102007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

65-0620319

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEST, DANIEL L
7255 S. MILITARY TRAIL
LAKE WORTH, FL 33463

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WEST, DANIEL L
STREET ADDRESS 1571 LIVE OAK DR.
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE SD
NAME BRIGGS, DAVID
STREET ADDRESS 1835 CARANDIS RD.
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE D
NAME BEYER, DANA G
STREET ADDRESS 4456 SUNSET CAY CIR
CITY-ST-ZIP BOYNTON BEACH, FL 334367728

TITLE D
NAME MILLER, ANTHONY
STREET ADDRESS DWO 52 AIRVIEW DR
CITY-ST-ZIP GREENVILLE, SC 29607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000725354
05/03/07-80019-016 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07 (561)965-4166
Date Daytime Phone #