


2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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	



04232008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0620319	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WEST, DANIEL L 7255 S. MILITARY TRAIL LAKE WORTH, FL 33463	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEST, DANIEL L 1571 LIVE OAK DR. WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRIGGS, DAVID 1835 CARANDIS RD. WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEYER, DANA G 4456 SUNSET CAY CIR BOYNTON BEACH, FL 334367728
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ANTHONY DWO 52 AIRVIEW DR GREENVILLE, SC 29607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/21/08-80100-004 61.25

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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: Don West Don West Sec/Treas 4/23/08 561 965-4166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #