


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000000456</b>	
<b>1. Entity Name</b> INTERNATIONAL INTERFAITH CHURCH, INC.	

<b>Principal Place of Business</b> 914 NORTH OLIVE AVENUE WEST PALM BEACH FL 33401	<b>Mailing Address</b> POST OFFICE DRAWER 3070 PALM BEACH FL 33480
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>4. FEI Number</b> 65-0733949	Applied For <input type="checkbox"/> Not Applied
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  CHESHIRE, ERIC C J.D. 914 NORTH OLIVE AVENUE WEST PALM BEACH FL 33401
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<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

**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 reissuing) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

**Make Check Payable to**  
**Florida Department of State**

<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> PD	<input type="checkbox"/> Delete
<b>NAME</b> CHESHIRE, MCKINLEY M.D. F.A.P.A.	
<b>STREET ADDRESS</b> 914 NORTH OLIVE AVENUE	
<b>CITY-ST-ZIP</b> WEST PALM BEACH FL 33401	
<b>TITLE</b> VD	<input type="checkbox"/> Delete
<b>NAME</b> CHESHIRE, BRENNAN M PH.D.	
<b>STREET ADDRESS</b> 914 NORTH OLIVE AVENUE	
<b>CITY-ST-ZIP</b> WEST PALM BEACH FL 33401	
<b>TITLE</b> STD	<input type="checkbox"/> Delete
<b>NAME</b> CHESHIRE, ERIC C J.D.	
<b>STREET ADDRESS</b> 914 NORTH OLIVE AVENUE	
<b>CITY-ST-ZIP</b> WEST PALM BEACH FL 33401	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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

*MLK*

7-2-06