2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# N96000000578

Entity Name: INTERNATIONAL ALTERNATIVE MINISTRIES, INC.

Current Principal Place of Business:

15460 LIME DR.
PUNTA GORDA, FL 33955

New Principal Place of Business:

Current Mailing Address:

PO BOX 510906
PUNTA GORDA, FL 33951

New Mailing Address:

FEI Number: 65-0640618 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABEL, GLENN C
15460 LIME DR.
PUNTA GORDA, FL 33955 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: PD ( ) Delete
Name: ABEL, GLENN C
Address: 15460 LIME DR.
City-St-Zip: PUNTA GORDA, FL 33955

Title: TD ( ) Delete
Name: ABEL, DOROTHY
Address: 15460 LIME DR.
City-St-Zip: PUNTA GORDA, FL 33955

Title: SD ( ) Delete
Name: FRIEDRICK, PETER REV.
Address: 36 NEPTUNE AVE.
City-St-Zip: PATCHOGUE, NY 11772

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:

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: GLENN C. ABEL PD 04/09/2008

Electronic Signature of Signing Officer or Director — Date