

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000000953

FILED
Oct 30, 2006
Secretary of State

Entity Name: INTERNATIONAL BELIEVER'S CIRCLE INC.

Current Principal Place of Business:

1652 BRICKYARD ROWD
CHIPLEY, FL 32428

New Principal Place of Business:

Current Mailing Address:

1652 BRICKYARD ROWD
CHIPLEY, FL 32428

New Mailing Address:

FEI Number: 59-3429103 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WAHEED, MIAN A
1652 BRICKYARD ROWD
CHIPLEY, FL 32428 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: MIAN A WAHEED

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ISMAIL, AHMAD
Address: 110 E.BYRD AVE.
City-St-Zip: BONIFAY, FL 32425

Title: D () Delete
Name: WAHEED, MIAN
Address: 1652 BRICKYARD ROWD
City-St-Zip: CHIPLEY, FL 32428

Title: D () Delete
Name: ANEES, MOHAMMAD
Address: 110 JERNIGON AVE.
City-St-Zip: BONIFAY, FL 32425

Title: D () Delete
Name: IDREES, MOHAMMAD
Address: 1454 BELLAIRE LANE
City-St-Zip: PALM BAY, FL 32905

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:

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 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: MIAN A WAHEED

P

10/30/2006

Electronic Signature of Signing Officer or Director

Date