
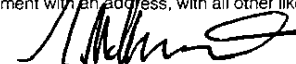


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90014 021 ****70.00

DOCUMENT # N99000001681 1. Entity Name INTERNATIONAL UNITED PENTECOSATAL FELLOWSHIP, INC.					
Principal Place of Business 3050 NORTHWEST 12TH STREET FT. LAUDERDALE, FL 33311			Mailing Address 3050 NORTHWEST 12TH STREET FT. LAUDERDALE, FL 33311		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CARTWRIGHT, HARCOURT 3050 NORTHWEST 12TH STREET FT. LAUDERDALE, FL 33311				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	O <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, MOSES		NAME		
STREET ADDRESS	ROUTE 4 BOX 255		STREET ADDRESS		
CITY-ST-ZIP	SYLVANIA, GA 30467		CITY-ST-ZIP		
TITLE	DV <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MSBERZIE, LIPTON		NAME	DV. McKenzie, Lipton	
STREET ADDRESS	3820 NW 5TH CT		STREET ADDRESS	3820 N.W. 5th Ct	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311		CITY-ST-ZIP	Fort Lauderdale, FL 33311	
TITLE	DP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PINDER, HURBERT		NAME		
STREET ADDRESS	P.O. BOX 5871		STREET ADDRESS		
CITY-ST-ZIP	NASSAU, BAHAMAS,		CITY-ST-ZIP		
TITLE	DT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARTWRIGHT, HARCOURT		NAME		
STREET ADDRESS	3390 NORTHWEST 7TH COURT		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANIEL, HARDEN R		NAME		
STREET ADDRESS	1400 NW 32 AVE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Lipton McKenzie 2/12/04 954-583-1998 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					