

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 25, 2005 08:00 AM
Secretary of State**

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**



01252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1050422** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARTWRIGHT, HARCOURT
3050 NORTHWEST 12TH STREET
FT. LAUDERDALE, FL 33311**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	O
NAME	LEWIS, MOSES
STREET ADDRESS	ROUTE 4 BOX 255
CITY-ST-ZIP	SYLVANIA, GA 30467
TITLE	DV
NAME	LIPTON, MCKENZIE
STREET ADDRESS	3820 N.W. 5TH CT.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	DP
NAME	PINDER, HURBERT
STREET ADDRESS	P.O. BOX 5871
CITY-ST-ZIP	NASSAU, BAHAMAS,
TITLE	DT
NAME	CARTWRIGHT, HARCOURT
STREET ADDRESS	3390 NORTHWEST 7TH COURT
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	T
NAME	DANIEL, HARDEN R
STREET ADDRESS	1400 NW 32 AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000001243798
02/25/05-80058-003 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lipton McKenzie 2/03/05 954-583-1998
Date Daytime Phone #