2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
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

02042008 No Chg-NP CR2E037 (4/06)

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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

MCKENZIE, LIPTON
3050 NORTHWEST 12TH STREET
FT. LAUDERDALE, FL 33311

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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, 2008

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	COLEMAN, WILLIE D JR.
STREET ADDRESS	7230 N.W. 21ST STREET
CITY-ST-ZIP	SUNRISE, FL 33313
TITLE	DP
NAME	PINDER, HURBERT
STREET ADDRESS	P.O. BOX 5871
CITY-ST-ZIP	NASSAU, BAHAMAS,
TITLE	D
NAME	WILLIAMS, OTIS
STREET ADDRESS	318 SW 6TH AVE.
CITY-ST-ZIP	DELRAY BEACH, FL 33444
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	

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04/08/08-80038-013 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Donnie Herrera-R 3/14/2008 954-815-6809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #