2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000002201

1. Entity Name
INTERNATIONAL FOUNDATION FOR SPIRITUAL KNOWLEDGE, INC.

Principal Place of Business	Mailing Address
283 THOMAS DR CASSELBERRY, FL 32707-4331	283 THOMAS DR CASSELBERRY, FL 32707-4331

DO NOT WRITE IN THIS SPACE

02042888 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3571740
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JENQUIN, MARILYN
283 THOMAS DR
CASSELBERRY, FL 32707-4331

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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.

U00000344791
05/29/08-80113-019 61.25

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PVST
NAME	JENQUIN, MARILYN
STREET ADDRESS	283 THOMAS DR
CITY-ST-ZIP	CASSELBERRY, FL 327074331
TITLE	D
NAME	JENQUIN, MARILYN
STREET ADDRESS	283 THOMAS DR
CITY-ST-ZIP	CASSELBERRY, FL 327074331
TITLE	D
NAME	WOOD, SU
STREET ADDRESS	PEN Y GEULAN OFFSANDILANDS RD
CITY-ST-ZIP	TYWYN GWYNEDD, WALES, II360ad
TITLE	D
NAME	BRAND, GERMAINE M
STREET ADDRESS	341 HUNTERS CROSSING
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	THOMPSON, LYNN H
STREET ADDRESS	2200 HARWOOD RD
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	D
NAME	WATCHUS, KENNETH
STREET ADDRESS	592 CASCADE CIRCLE #106
CITY-ST-ZIP	CASSELBERRY, FL 32707

I mailed the signed form yesterday and realized today I forgot to put the check with it.

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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: Marilyn Jenquin Marilyn JENQUIN 4-28-08 407-247-7823
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

Marilyn Jenquin