

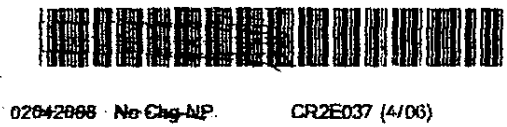
**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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 283 THOMAS DR CASSELBERRY, FL 32707-4331	Mailing Address 283 THOMAS DR CASSELBERRY, FL 32707-4331
--	--

DO NOT WRITE IN THIS SPACE



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	DO NOT WRITE 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 re-appointing)	DATE: 05/29/08-80113-019 6L25

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 NAME STREET ADDRESS CITY-ST-ZIP	PVST JENQUIN, MARILYN 283 THOMAS DR CASSELBERRY, FL 327074331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. JENQUIN, MARILYN 283 THOMAS DR CASSELBERRY, FL 327074331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, SU. PEN Y GELLAN OFFSANDILANDS RD TYWYN GWYNEDD, WALES, B360ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. BRAND, GERMAINE M 341 HUNTERS CROSSING TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, LYNN H 2200 HARWOOD RD TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATCHUS, KENNETH 592 CASCADE CIRCLE #108 CASSELBERRY, FL 32707

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

**DO NOT WRITE
IN THIS SPACE**

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: <i>Marilyn Jenquin</i> Signature typed or printed name of signing officer or director	DATE: 4-28-08 407-247-7823

Marilyn Jenquin