2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2009
Secretary of State

DOCUMENT# N99000002201

Entity Name: INTERNATIONAL FOUNDATION FOR SPIRITUAL KNOWLEDGE, INC.

Current Principal Place of Business:

283 THOMAS DR
CASSELBERRY, FL 327074331

New Principal Place of Business:

Current Mailing Address:

283 THOMAS DR
CASSELBERRY, FL 327074331

New Mailing Address:

FEI Number: 59-3571740 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JENQUIN, MARILYN
283 THOMAS DR
CASSELBERRY, FL 327074331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PVST	( ) Delete
Name:	JENQUIN, MARILYN	
Address:	283 THOMAS DR	
City-St-Zip:	CASSELBERRY, FL 327074331	
Title:	D	( ) Delete
Name:	JENQUIN, MARILYN	
Address:	283 THOMAS DR	
City-St-Zip:	CASSELBERRY, FL 327074331	
Title:	D	( ) Delete
Name:	WOOD, SU	
Address:	PEN Y GEULAN OFFSANDILANDS RD	
City-St-Zip:	TYWYN GWYNEDD, WALES, LL360AD	
Title:	D	( ) Delete
Name:	BRAND, GERMAINE M	
Address:	341 HUNTERS CROSSING	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	D	( ) Delete
Name:	THOMPSON, LYNN H	
Address:	2200 HARWOOD RD	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	D	( ) Delete
Name:	WATCHUS, KENNETH	
Address:	532 CASCADE CIRCLE #106	
City-St-Zip:	CASSELBERRY, FL 32707	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN JENQUIN PVST 05/02/2009
Electronic Signature of Signing Officer or Director — Date