

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUL 27 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000064969 (3)

1. Corporation Name

INTERNATIONAL FUND-RAISING ASSOCIATION, INC.



Principal Place of Business

4244 W TENNESSEE ST #106
TALLAHASSEE FL 32304

Mailing Address

4244 W TENNESSEE ST #106
TALLAHASSEE FL 32304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1997

4. FEI Number

59-3468853

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 4244 W. Tennessee St.

22 Suite, Apt. #, etc. #390

23 City & State Tallahassee, FL

24 Zip 32304 25 Country USA

2a. Mailing Address

26 4244 W. Tennessee St

27 Suite, Apt. #, etc. #390

28 City & State Tallahassee, FL

29 Zip 32304 30 Country USA

9. Name and Address of Current Registered Agent

ADAMS, ALLEN L SR
4244 W TENNESSEE ST #106
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name Allen L. Adams
82 Street Address (P.O. Box Number is Not Acceptable)
4244 W. Tennessee St
83 #390
84 City Tallahassee FL 85 Zip Code 32304

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Allen L. Adams

7/1/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input checked="" type="checkbox"/> DELETE
NAME	Allen L. Adams, Sr.	
STREET ADDRESS	4244 W. Tennessee St, #390	
CITY-ST-ZIP	Tallahassee, Florida 32304	
TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> DELETE
NAME	Abonah Young	
STREET ADDRESS	4244 W. Tennessee St, #240	
CITY-ST-ZIP	Tallahassee, Florida 32304	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Allen L. Adams President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Allen L. Adams, Jr.	
1.3 STREET ADDRESS	4244 W. Tennessee St, #390	
1.4 CITY-ST-ZIP	Tallahassee, Florida 32304	
2.1 TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mike Frazier	
2.3 STREET ADDRESS	4244 W. Tennessee St, #390	
2.4 CITY-ST-ZIP	Tallahassee, FL 32304	
3.1 TITLE	900002601010	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	-07/28/98--01076--013	
3.4 CITY-ST-ZIP	****150.00 ****150.00	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Allen L. Adams

7/1/98 (90)561-8799

CR2E034 (5/98)

7/27/98

(2)

Memorandum

To: Florida Department of State
Division of Corporations

From: International Fund-Raising Association, Inc.
Tallahassee, Florida 32304

I, Allen L. Adams, did not receive the first notice of Annual Report and our CPA shows no record of receiving or filing either. Please accept this late filing.

Allen L. Adams,
Chairman of Board