

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008479

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: IBEA INTERNATIONAL MINISTRY INC.

**Current Principal Place of Business:**

444 MARTIGUES DR  
KISSIMMEE, FL 34759 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 422706  
KISSIMMEE, FL 34742 US

**New Mailing Address:**

FEI Number: 26-4072902      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANDINO, EDITH  
444 MARTIGUES DR  
KISSIMMEE, FL 34759 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: P ( ) Delete  
Name: ANDINO, EDITH  
Address: 444 MARTIGUES DR  
City-St-Zip: KISSIMMEE, FL 34759 US

Title: V ( ) Delete  
Name: BAEZ, ISIDRO  
Address: 444 MARTIGUES DR  
City-St-Zip: KISSIMMEE, FL 34759 US

Title: S ( ) Delete  
Name: CALDERON, LEYSIE Y  
Address: CALLE LIRIOS # 79 BUENA VISTA  
City-St-Zip: CAROLINA, PR 00985 PR

Title: T ( ) Delete  
Name: BAEZ, JOCABED  
Address: 3991 GOLDEN FINCH  
City-St-Zip: KISSIMMEE, FL 34746 US

Title: R ( ) Delete  
Name: ROSA, IRIS N  
Address: CALLE PALMA REAL #144 BUENA VISTA  
City-St-Zip: CAROLINA, PR 00985 PR

**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:

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: EDITH ANDINO

P

02/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date