

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011030

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** THE INTERNATIONAL FAITH PLUS JOY CHRISTIAN FOUNDATION, INC.

**Current Principal Place of Business:**

948 RUTH DRIVE  
HINESVILLE, GA 31313

**New Principal Place of Business:**

**Current Mailing Address:**

948 RUTH DRIVE  
HINESVILLE, GA 31313

**New Mailing Address:**

**FEI Number:** 27-1321457      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

ENOFÉ, AUGUSTINE DR.  
1225 W BEAVER STREET  
SUITE 207  
JACKSONVILLE, FL 32204 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: PD  
Name: LOPEZ, JOSE A  
Address: 229 WEST GENERAL SCREVEN WAY #247  
City-St-Zip: HINESVILLE, GA 31313

Title: VD  
Name: TORRES, RAFAEL A  
Address: 9802-12 BAYMEADOWS ROAD #170  
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD  
Name: RIVERA, ANGEL R  
Address: 615 WINDHAVEN DRIVE  
City-St-Zip: HINESVILLE, GA 31313

Title: ATD  
Name: NETTLES, SUZI  
Address: HIGHWAY 301 SOUTH  
City-St-Zip: JESUP, GA 31598

Title: SD  
Name: BAKER, VICKI M  
Address: 909 SPRING FALLS AVENUE  
City-St-Zip: SPRINGFIELD, OH 45502

Title: D  
Name: CONYERS, EDMOND D  
Address: 948 RUTH DRIVE  
City-St-Zip: HINESVILLE, GA 31313

I hereby 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 all other like empowered.

SIGNATURE: JOSE A. LOPEZ

PD

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date