

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009484

FILED
Apr 27, 2010
Secretary of State

Entity Name: BAY COUNTY INTERDENOMINATIONAL MINISTERIAL ALLIANCE INC

Current Principal Place of Business:

900
SATSUMA AVENUE
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

900
SATSUMA AVENUE
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 77-0636451 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GLOVER, LEMUEL D SR
530 NEW YORK AVENUE
LYNN HAVEN, FL 32444 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
Name: WILSON, WOODROW
Address: 900 SATSUMA AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: SEC
Name: GARRETT, CATRINA
Address: 1621 MARTIN LUTHER KING JR BLVD
City-St-Zip: PANAMA CITY, FL 32405

Title: TREA
Name: WILLIAMS, JEROME
Address: 501 EAST 16TH ST
City-St-Zip: LYNN HAVEN, FL 32444

Title: CHAP
Name: YOUNG, ALDREDGE
Address: 406 LANDINGS DR
City-St-Zip: LYNN HAVEN, FL 32444

Title: MEM
Name: HAMILTON, JAMES III
Address: 834 KIRKLIN AVENUE
City-St-Zip: PANAMA CITY, FL 32401

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: LEMUEL D. GLOVER SR

RA

04/27/2010

Electronic Signature of Signing Officer or Director

_____ Date