2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2009
Secretary of State

DOCUMENT# 704783

Entity Name: INTERDENOMINATIONAL MINISTERIAL ASSOCIATION OF POLK COUNTY FLORIDA, INC.

Current Principal Place of Business:

2010 BUCKEYE ROAD
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

Current Mailing Address:

2010 BUCKEYE ROAD
WINTER HAVEN, FL 33881 US

New Mailing Address:

FEI Number: 59-2587220 **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:

DOLLINSON, CLIFTON
2010 BUCKEYE ROAD
WINTER HAVEN, FL 33881 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: PIERCE, J.J. DR.
Address: 2656 SOUTH SCENIC HWY
City-St-Zip: LAKE WALES, FL 33898

Title: V ( ) Delete
Name: DOLLISON, C.E. REV
Address: 2010 BUCKEYE ROAD
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: T ( ) Delete
Name: JONES, D REV
Address: 785 BAKER AVE
City-St-Zip: BARTOW, FL 33830

Title: S ( ) Delete
Name: BABERS, H. REV
Address: 504 POLK CITY ROAD
City-St-Zip: HAINES CITY, FL 33844

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:

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: REV. CLIFON E. DOLLISON VICE 06/11/2009

Electronic Signature of Signing Officer or Director — Date