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Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730020 (5)

1. Corporation Name

INTERDENOMINATIONAL PRAYER BAND, INC.

Principal Place of Business

Mailing Address

C/O ROSETTA H. OXFORD
3824 THOMPSON STREET
ORLANDO FL 32805C/O ROSETTA H. OXFORD
3824 THOMPSON STREET
ORLANDO FL 32805-42203. Date Incorporated or Qualified
06/20/19743a. Date of Last Report
04/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number

26-0288282

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALVETA BERRY FORD
3543 WEST CENTRAL BLVD.
ORLANDO FL 32805

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HILL, MATHERLEN
STREET ADDRESS 4239 RALEIGH STREET
CITY-ST-ZIP ORLANDO FL 32811 ☐ DELETETITLE SD
NAME OXFORD, ROSETTA H.
STREET ADDRESS 3824 THOMPSON ST.
CITY-ST-ZIP ORLANDO FL 32805 ☐ DELETETITLE TD
NAME JOHNSON, ELIZABETH
STREET ADDRESS 316 W. JACKSON ST.
CITY-ST-ZIP ORLANDO FL 32801 ☒ DELETETITLE P
NAME HAWKINS, WILBERT (REV)
STREET ADDRESS 4088 BOOKER ST.
CITY-ST-ZIP ORLANDO FL 32811 ☒ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
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1.1 TITLE
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6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0018630

CR2E037 (9/96)