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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA 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 32805	C/O ROSETTA H. OXFORD 3824 THOMPSON STREET ORLANDO FL 32805

3. Date Incorporated or Qualified: 06/20/1974

4. FEI Number: 26-0288282 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21

2a. Mailing Address
26 SAME AS ABOVE

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip 24 Country 25

Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALVETA BERRY FORD
3543 WEST CENTRAL BLVD.
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81 Name: ALVETA BERRY FORD
82 Street Address (P.O. Box Number Is Not Acceptable): 3543 WEST CENTRAL BLVD
83
84 City: ORLANDO FL 85 Zip Code: 32805

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HILL, MATHERLEN		1.2 NAME	
STREET ADDRESS	4239 RALEIGH STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811		1.4 CITY-ST-ZIP	
TITLE	VM	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, SHERMAN		2.2 NAME	
STREET ADDRESS	2808 MESSINA AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	OXFORD, ROSETTA H		3.2 NAME	
STREET ADDRESS	32824 THOMPSON STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32805		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JENKINS, IRIS W		4.2 NAME	
STREET ADDRESS	3209 WALLER PLACE		4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32805		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BERRY, ALVETA		5.2 NAME	
STREET ADDRESS	3543 WEST CENTRAL BLVD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32805		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CARITHERS, EARLINE		6.2 NAME	
STREET ADDRESS	3557 HAGEWAY STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32805		6.4 CITY-ST-ZIP	

CR2E037 (10/97)

14. I 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: Sherman Adams 3-24-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #