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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730020

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

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

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

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

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

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

9. Name and Address of Current Registered Agent

FORD, ALVETA BERRY
3543 W CENTRAL BLVD
ORLANDO FL 32805

10. Name and Address of New Registered Agent

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 _____ 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	3558 HAGEWAY STREET	
CITY-ST-ZIP	ORLANDO FL 32805		6.4 CITY-ST-ZIP	ORLANDO FLORIDA 32805	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Sherman A. Adams SIGNATURE REQUIRED 3-18-99 (407) 422-7426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #