

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90278 025 ****61.25

DOCUMENT # 730020

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-0288282

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORD, ALVETA BERRY
3543 W CENTRAL BLVD
ORLANDO FL 32805

Name

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

City

FL

Zip Code

8. 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

Sherman Adams

(NOTE: Registered Agent signature required when reinstating)

DATE

2-27-2001

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HILL, MATHERLEN	
STREET ADDRESS	4239 RALEIGH STREET	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	VM	<input type="checkbox"/> Delete
NAME	ADAMS, SHERMAN	
STREET ADDRESS	2808 MESSINA AVENUE	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	T	<input type="checkbox"/> Delete
NAME	OXFORD, ROSETTA H	
STREET ADDRESS	32824 THOMPSON STREET	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	S	<input type="checkbox"/> Delete
NAME	JENKINS, IRIS W	
STREET ADDRESS	3209 WALLER PLACE	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERRY, ALVETA	
STREET ADDRESS	3543 WEST CENTRAL BLVD.	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARITHERS, EARLINE	
STREET ADDRESS	3558 HAGEWAY STREET	
CITY-ST-ZIP	ORLANDO FL 32805	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORINE GAINNEY	
STREET ADDRESS	3017 CUMLER CT.	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sherman Adams

2-27-2001

Date

(407) 422-7426

Daytime Phone #

CR2E037 (10/00)