2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
05-29-2002 90723 007 ****61.25

DOCUMENT # 730020

1. Entity Name

INTERDENOMINATIONAL PRAYER BAND, INC.

B0122443

DO NOT WRITE IN THIS SPACE

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. 2808 MESSINA AVE.
City & State	City & State ORLANDO, FLORIDA
Zip / Country	Zip 32811 / Country ORANGE

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

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

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 5-20-2002

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HILL, MATHERLEN 4239 RALEIGH STREET ORLANDO FL 32811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VM ADAMS, SHERMAN 2808 MESSINA AVENUE ORLANDO FL 32811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T OXFORD, ROSETTA H 32824 THOMPSON STREET ORLANDO FL 32805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JENKINS, IRIS W 3209 WALLER PLACE ORLANDO FL 32805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERRY, ALVETA 3543 WEST CENTRAL BLVD. ORLANDO FL 32805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARITHERS, EARLINE 3558 HAGEWAY STREET ORLANDO FL 32805	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORINE GAINEY 3017 CUMLER CT. ORLANDO FL 32811	☐ Change ☑ Addition

CR2E037 (9/01)

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 SHERMAN ADAMS 5-20-2002 (407) 422-7426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #