


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 06, 2007 8:00 am
Secretary of State

07-06-2007 90002 019 ****61.25

| | |
|--|---|
| DOCUMENT # 730020 |  |
| 1. Entity Name INTERDENOMINATIONAL PRAYER BAND, INC. | |

| | |
|---|---|
| Principal Place of Business C/O ROSETTA H. OXFORD 3824 THOMPSON STREET ORLANDO FL 32805 | Mailing Address C/O SHERMAN ADAMS 2808 MESSINA AVE ORLANDO FL 32811 |
|---|---|



| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

1st MOORE CR2E037 (10/06)

| | | |
|--|--|--|
| 4. FEI Number 26-0288282 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent ADAMS, SHERMAN 2808 MESSINA AVE ORLANDO FL 32811 | | 7. Name and Address of New Registered Agent |
| | | 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sherman Adams* DATE 7-1-2007

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

| | | |
|--|--|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida 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 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | VM ADAMS, SHERMAN 2808 MESSINA AVENUE ORLANDO FL 32811 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | T OXFORD, ROSETTA H 32824 THOMPSON STREET ORLANDO FL 32805 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | D CAISON, LILLIE H 170 DOMINO DRIVE ORLANDO FL 32805 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | D BERRY, ALVETA 3543 WEST CENTRAL BLVD. ORLANDO FL 32805 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | D GAINEY, CORINE 3017 CUMLER CT ORLANDO FL 32811 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* 7-1-2007 (407) 422-7426

ATTACHMENT
40123082

DOCUMENT #730020

1 ENTITY NAME

INTERDENOMINATIONAL PRAYER BAND, INC.

PRINCIPAL PLACE OF BUSINESS

MAILING ADDRESS

4514 CONLEY STREET
ORLANDO FL. 32811
US

C/O SHERMAN ADAMS
2808 MESSINA AVE.
ORLANDO FL. 32811

NEW PRINCIPAL PLACE OF
BUSINESS

THANK YOU,
VM Sherman Adams