

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730020

FILED  
Aug 12, 2009  
Secretary of State

**Entity Name:** INTERDENOMINATIONAL PRAYER BAND, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 26-0288282      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ADAMS, SHERMAN  
2808 MESSINA AVE  
ORLANDO, FL 32811      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: ADAMS, SHERMAN  
Address: 2808 MESSINA AVE  
City-St-Zip: ORLANDO, FL 32811

Title: VM      ( ) Delete  
Name: ADAMS, SHERMAN  
Address: 2808 MESSINA AVENUE  
City-St-Zip: ORLANDO, FL 32811

Title: T      ( ) Delete  
Name: OXFORD, ROSETTA H  
Address: 32824 THOMPSON STREET  
City-St-Zip: ORLANDO, FL 32805

Title: D      ( ) Delete  
Name: CAISON, LILLIE H  
Address: 170 DOMINO DRIVE  
City-St-Zip: ORLANDO, FL 32805

Title: D      ( ) Delete  
Name: BERRY, ALVETA  
Address: 3543 WEST CENTRAL BLVD.  
City-St-Zip: ORLANDO, FL 32805

Title: D      ( ) Delete  
Name: GAINEY, CORINE  
Address: 3017 CUMLER CT  
City-St-Zip: ORLANDO, FL 32811

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VM      (X) Change ( ) Addition  
Name: ADAMS, NELLIE  
Address: 2808 MESSINA AVENUE  
City-St-Zip: ORLANDO, FL 32811

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERMAN ADAMS

PD

08/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date