2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004428

FILED Jan 05, 2007 Secretary of State

Entity Name: INTERNATIONAL MINISTERIAL ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 5201 W. HOMOSASSA TRAIL LECANTO, FL 34461 **Current Mailing Address: New Mailing Address:** 5201 W. HOMOSASS TRAIL LECANTO, FL 34461 FEI Number: 74-6051852 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TODD, PAUL W 8161 W. BARRY CT. HOMOSASSA, FL 34446 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete DUDLEY, GEORGE A REV. WARNER, TIMOTHY L DR Name: Name: 11800 VINY RIDGE RD Address: 10293 S. MICHIGAN AVE Address: City-St-Zip: ALEXANDER, AR 72002 US City-St-Zip: HAYWARD, WI 54843 US Title: () Delete Title: (X) Change () Addition SMITH, DON R REV. Name: BENSON, KENNETH R REV. Name: Address: 2567 E. APPALOOSA DR Address: 14617 MEADOWWOOD DR. City-St-Zip: VINCENNES, IN 47591 City-St-Zip: SAVAGE, MN 55378 US Title: () Delete Title: () Change () Addition THOMPSON, PHILLIP REV. Name: Name: E3443 APPLE TREE LN Address: Address: City-St-Zip: WAUPACA, WI 54981 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: AMUNDSON, VIRGIL W REV. Name: 293 HIGHWAY 63 S. Address: Address: City-St-Zip: SHELL LAKE, WI 54871 US City-St-Zip: Title: () Delete Title: () Change () Addition COOK, DAVID W REV. Name: Name: 2369 BENRUS BLVD. Address: Address: City-St-Zip: SAN ANTONIO, TX 78228 City-St-Zip: Title: () Delete Title: (X) Change () Addition WARNER, TIMOTHY L DR. HERNANDEZ, DANIEL REV. Name: Name: Address: 10293 S. MICHIGAN AVE Address: 3122 DALLAS RD HAYWARD, WI 54843 ROCKFORD, IL 61109 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY L. WARNER C 01/05/2007