

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004428

FILED
Apr 20, 2009
Secretary of State

Entity Name: INTERNATIONAL MINISTERIAL ASSOCIATION, INC.

Current Principal Place of Business:

5201 W. HOMOSASSA TRAIL
LECANTO, FL 34461 US

New Principal Place of Business:

Current Mailing Address:

5201 W. HOMOSASSA TRAIL
LECANTO, FL 34461 US

New Mailing Address:

FEI Number: 74-6051852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TODD, PAUL W.
8161 W. BARRY CT.
HOMOSASSA, FL 34446 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: C () Delete
Name: WARNER, TIMOTHY L DR
Address: 10293 S. MICHIGAN AVE
City-St-Zip: HAYWARD, WI 54843 US

Title: D () Delete
Name: BENSON, KENNETH R REV.
Address: 14617 MEADOWWOOD DR.
City-St-Zip: SAVAGE, MN 55378 US

Title: D () Delete
Name: THOMPSON, PHILLIP REV.
Address: E3443 APPLE TREE LN
City-St-Zip: WAUPACA, WI 54981 US

Title: D () Delete
Name: AMUNDSON, VIRGIL W REV.
Address: 293 HIGHWAY 63 S.
City-St-Zip: SHELL LAKE, WI 54871 US

Title: D () Delete
Name: COOK, DAVID W REV.
Address: 2369 BENRUS BLVD.
City-St-Zip: SAN ANTONIO, TX 78228

Title: D () Delete
Name: HERNANDEZ, DANIEL REV.
Address: 3122 DALLAS RD
City-St-Zip: ROCKFORD, IL 61109 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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: PAUL W. TODD

DR.

04/20/2009

Electronic Signature of Signing Officer or Director

Date