

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90378 006 ****70.00

DOCUMENT # N00000006607

1. Entry Name INTERDENOMINATIONAL CHURCH OF GOD, INC

Principal Place of Business

Mailing Address

9262 126th Ave. No.
 Largo, FL 33773

9262 126th Ave. No.
 Largo, FL 33773

2. Principal Place of Business

5911 E Spring St

3. Mailing Address

5911 E. Spring St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 368

Suite 368

City & State

City & State

Long Beach, CA

Long Beach, CA

Zip

Country

Zip

Country

90808

US

90808

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Kenneth Isaac
 301 North Greenwood Avenue
 Clearwater, FL 33755

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

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	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	P/D ☐ Change ☒ Addition
NAME	Dr. Ira Jones
STREET ADDRESS	5911 E. Spring St, Ste 368
CITY-ST-ZIP	Long Beach, CA 90808
TITLE	C/D ☐ Change ☒ Addition
NAME	Maxine Dixon
STREET ADDRESS	13155 116 Lane No.
CITY-ST-ZIP	Largo, FL 33778
TITLE	T/D ☐ Change ☒ Addition
NAME	Naomi Jenkins
STREET ADDRESS	1129 Carleton St.
CITY-ST-ZIP	Clearwater, FL 34615
TITLE	S/D ☐ Change ☒ Addition
NAME	Janice Isaac
STREET ADDRESS	301 N. Greenwood Ave.
CITY-ST-ZIP	Clearwater, FL 34615
TITLE	T (Assistant) ☐ Change ☒ Addition
NAME	Jennifer Lee
STREET ADDRESS	1567 Crown St.
CITY-ST-ZIP	Clearwater, FL 33754
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ira Jones, PhD.

4/26/01

Date

(562) 234-0058

Daytime Phone #

CR2E037 (11/00)