2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000006607

FILED Apr 23, 2004 Secretary of State

Entity Name: INTERDENOMINATIONAL CHURCH OF GOD, INC.

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|--|---|--------------------------------|---|-----------------------------------|--|
| 5911 E. SF SUITE 368 LONG BEA | | 3 | | | |
| Current Mailing Address: | | | New Mailing Addre | ss: | |
| 5911 E. SF SUITE 368 LONG BEA | | 3 | | | |
| FEI Number: | 59-3679906 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of C | urrent Registered Agent: | Name and Address | of New Registered Agent: | |
| SAAC, KENNETH 301 NORTH GREENWOOD AVE. CLEARWATER, FL 33755 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. | | | | | |
| SIGNATUF | | c Signature of Registered Ager | nt | Date | |
| OFFICERS | S AND DIRECT | | | GES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | JONES, IRA DR | ST., SUITE 368 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | CD () DIXON, MAXINE 13155 116 LANE LARGO, FL 337 | ENO. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | TD () JENKINS, NAON 1129 CARLETO CLEARWATER, | N ST. | Title: Name: Address: City-St-Zip: | () Change() Addition | |
| Title: Name: Address: City-St-Zip: | SD () ISAAC, JANICE 301 N. GREENV CLEARWATER, | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | AT () LEE, JENNIFER 1567 CROWN S CLEARWATER, | Т. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| | | | | | |

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DR IRA JONES PD | 04/23/2004 |
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