2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000006607

1. Entity Name
INTERDENOMINATIONAL CHURCH OF GOD, INC.

Principal Place of Business	Mailing Address
5911 E. SPRING ST SUITE 368 LONG BEACH, CA 90808	5911 E. SPRING ST SUITE 368 LONG BEACH, CA 90808

DO NOT WRITE IN THIS SPACE

05012008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3679906

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHAMBLISS, JOHNNY F JR
1939 11TH ST SW
LARGO, FL 33778

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000947246
06/02/08-80006-018 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JONES, IRA DR.
STREET ADDRESS	5911 E. SPRING ST., SUITE 368
CITY-ST-ZIP	LONG BEACH, CA 90808
TITLE	CD
NAME	BAITY, CLARA F
STREET ADDRESS	1214 MAGNOLIA DR
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	TD
NAME	JENKINS, NAOMI
STREET ADDRESS	1129 CARLETON ST.
CITY-ST-ZIP	CLEARWATER, FL 34615
TITLE	SD
NAME	ISAAC, JANICE
STREET ADDRESS	301 MARTIN LUTHER KING AVE
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	AT
NAME	CHAMBLISS, HENRIETTA
STREET ADDRESS	1939 11TH ST SW
CITY-ST-ZIP	LARGO, FL 33778
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ira Jones May 1, 2008 562-234-0053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #