

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000391

FILED
Jan 28, 2005
Secretary of State

Entity Name: INTERIOR COVERINGS MINISTRY, INC.

Current Principal Place of Business:

3107 FAIRLEA LANE
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

3107 FAIRLEA LANE
VALRICO, FL 33594

New Mailing Address:

FEI Number: 01-0600708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRUMMONDS, AUDREY
3107 FAIRLEA LANE
VALRICO, FL 33594 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: PD () Delete
Name: DRUMMONDS, AUDREY
Address: 3107 FAIRLEA LANE
City-St-Zip: VALRICO, FL 33594

Title: SD () Delete
Name: BASSETT, JANET
Address: 1911 DOCKSIDE DRIVE
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: DRUMMONDS, RONALD
Address: 3107 FAIRLEA LANE
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: THOMAS, LYDIA
Address: 1211 BATES STREET
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: THOMAS, FRANK
Address: 1211 BATES STREET
City-St-Zip: BRANDON, FL 33510

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
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 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: AUDREY DRUMMONDS

PD

01/28/2005

Electronic Signature of Signing Officer or Director

Date