

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000391

FILED
Feb 11, 2009
Secretary of State

Entity Name: INTERIOR COVERINGS MINISTRY, INC.

Current Principal Place of Business:

1039 CARRIAGE PARK DR.
VALRICO, FL 33596

New Principal Place of Business:

Current Mailing Address:

1039 CARRIAGE PARK DR.
VALRICO, FL 33596

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
1039 CARRIAGE PARK DR.
VALRICO, FL 33596 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: 1039 CARRIAGE PARK DR.
City-St-Zip: VALRICO, FL 33596

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

Title: TD () Delete
Name: DRUMMONDS, RONALD
Address: 1039 CARRIAGE PARK DR.
City-St-Zip: VALRICO, FL 33596

Title: SD () 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

Title: () Delete
Name:
Address:
City-St-Zip:

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: D (X) Change () Addition
Name: THOMAS, LYDIA
Address: 1211 BATES STREET
City-St-Zip: BRANDON, FL 33510

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD () Change (X) Addition
Name: MORRIS, KIRSTEN
Address: 605 VALENCIA PARK DR.
City-St-Zip: SEFFNER, FL 33584

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: AUDREY T DRUMMONDS

PD

02/11/2009

Electronic Signature of Signing Officer or Director

Date