

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000391

FILED  
Feb 16, 2011  
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  
Name: DRUMMONDS, AUDREY  
Address: 1039 CARRIAGE PARK DR.  
City-St-Zip: VALRICO, FL 33596

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

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

Title: D  
Name: DRUMMONDS, MICHAEL  
Address: 1039 CARRIAGE PARK DR.  
City-St-Zip: VALRICO, FL 33596

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

Title: N/A  
Name: N/A, N/A  
Address: N/A  
City-St-Zip: N/A, N/A

I hereby 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 all other like empowered.

**SIGNATURE:** AUDREY DRUMMONDS

PD

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date