

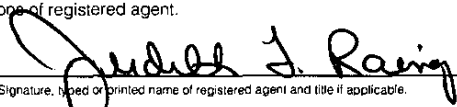
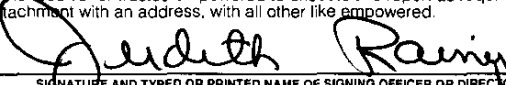


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N02000003174</b> 1. Entity Name INTERNATIONAL MINISTERS ASSOCIATION, INC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  <b>05 APR 21 PM 2:51</b>	
Principal Place of Business 1038 WEST 18TH STREET ORLANDO, FL 32805				Mailing Address 1038 WEST 18TH STREET ORLANDO, FL 32805			
2. Principal Place of Business 1038 W. 18th St.		3. Mailing Address PO Box 561411					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State Orlando FL		City & State Orlando FL					
Zip 32805		Country Orange		Zip 32856-1411		Country Orange	
4. FEI Number 01-0668919				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  RAINEY, JUDITH L. 1038 WEST 18TH STREET ORLANDO, FL 32805				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				President + CEO		DATE 5/20/04	
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RAINEY, JUDITH L 1038 WEST 18TH STREET ORLANDO, FL 32805			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  900054001649 05/06/05--01038--025 **70.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NSIAH, JOHN O 14 MERCHANT WORCESTER, MA 01603			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MULLEN, CURTIS R 1007 GULF VIEW DR. 4A CARMEL, IN 46032			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT RAINGY, JUDITH 1038 W 18TH ST ORLANDO, FL 32805			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MULLEN, CURTIS R 210 WOOD WORTH AVE 67 FRANKTON, IN 46044			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MILLER, DEBORAH 399 A. NECKAR AVE STATEN ISLAND, NY 10304			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 				Date 5/20/05		Daytime Phone #	