
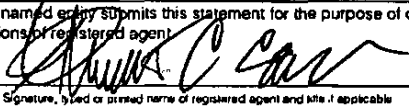
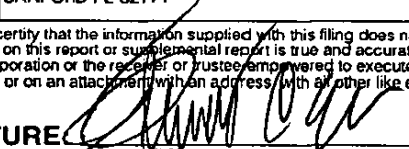


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 30, 2005 8:00 am**  
**Secretary of State**

08-30-2005 90028 021 \*\*\*\*61.25

<b>DOCUMENT # N04000003857</b> 1. Entity Name <b>THE INTERDENOMINATIONAL ASSOCIATION FOR THE BENEFIT OF PASTORS, CHURCHES, AND MINISTERS</b>			
Principal Place of Business <b>7016 IRONWOOD ORLANDO FL 32818</b>		Mailing Address <b>7016 IRONWOOD ORLANDO FL 32818</b>	
2. Principal Place of Business <b>7016 Ironwood Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>7016 Ironwood Drive</b> Suite, Apt. #, etc.	
City & State <b>ORLANDO, Florida</b> Zip <b>32818</b>		City & State <b>ORLANDO, Florida</b> Zip <b>32818</b>	
Country <b>ORANGE</b>		Country <b>USA</b>	
4. FEI Number <b>55-0875521</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CARR, THOMAS C 7016 IRONWOOD ORLANDO FL 32818</b>		7. Name and Address of New Registered Agent Name <b>THOMAS C. CARR</b> Street Address (P.O. Box Number is Not Acceptable) <b>7016 Ironwood Drive</b> City <b>ORLANDO</b> FL Zip Code <b>32818</b>	
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 <b>21 July 05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW: 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			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>CARR, THOMAS C 7016 IRONWOOD ORLANDO FL 32818</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>JANUARY, HENRY 1627 GLENDALE RD ORLANDO FL 32808</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>LEONARD, CELESTINE 5162 EDWINA ST ORLANDO FL 32811</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>JANUARY, JOYCE 1627 GLENDALE RD ORLANDO FL 32808</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>DAVIS, CLARENCE 2541 RADFORD AVE ORLANDO FL 32818</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>HORNE, CHARLES E 901 S PERSIMMON AVE SANFORD FL 32771</b>		
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 <b>21 July 05</b> 407-299-7820	



ATTACHMENT

52063928

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

August 15, 2005

THE INTERDENOMINATIONAL ASSOCIATION FOR THE BENEFIT OF  
7016 IRONWOOD DRIVE  
ORLANDO, FL 32818 US

Subject: **THE INTERDENOMINATIONAL ASSOCIATION FOR THE BENEFIT OF**

Reference Number: **N04000003857**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JD

ANNUAL REPORTS SECTION