2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2007
Secretary of State

DOCUMENT# N04000003857

Entity Name: THE INTERDENOMINATIONAL ASSOCIATION FOR THE BENEFIT OF PASTORS, CHURCHES, AND MINISTERS INCORPORATED.

Current Principal Place of Business:

7016 IRONWOOD
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

7016 IRONWOOD
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 55-0875521 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CARR, THOMAS C
7016 IRONWOOD
ORLANDO, FL 32818 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: THOMAS C CARR
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CARR, THOMAS C
Address: 7016 IRONWOOD
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete
Name: CARR, ALVIN R
Address: 124 BAYSHORE DR.
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete
Name: LEONARD, CELESTINE
Address: 5162 EDWINA ST
City-St-Zip: ORLANDO, FL 32811

Title: D ( ) Delete
Name: CARR, KATHY
Address: 124 BAYSHORE DR.
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete
Name: DAVIS, CLARENCE
Address: 2541 RADFORD AVE
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete
Name: HORNE, CHARLES E
Address: 901 S PERSIMMON AVE
City-St-Zip: SANFORD, FL 32771

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:

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

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: THOMAS C CARR D 10/09/2007
Electronic Signature of Signing Officer or Director — Date