

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90027 044 \*\*\*\*61.25

**DOCUMENT # N04000003857**

1. Entity Name

**THE INTERDENOMINATIONAL ASSOCIATION FOR THE  
BENEFIT OF PASTORS, CHURCHES, AND MINISTERS**



Principal Place of Business

**7016 IRONWOOD  
ORLANDO FL 32818**

Mailing Address

**7016 IRONWOOD  
ORLANDO FL 32818**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**55-0875521**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARR, THOMAS C  
7016 IRONWOOD  
ORLANDO FL 32818**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **CARR, THOMAS C**  
STREET ADDRESS **7016 IRONWOOD**  
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **D** ☐ Delete  
NAME **CARR, ALVIN R**  
STREET ADDRESS **124 BAYSHORE DR.**  
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **D** ☐ Delete  
NAME **LEONARD, CELESTINE**  
STREET ADDRESS **5162 EDWINA ST**  
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **D** ☐ Delete  
NAME **CARR, KATHY**  
STREET ADDRESS **124 BAYSHORE DR.**  
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **D** ☐ Delete  
NAME **DAVIS, CLARENCE**  
STREET ADDRESS **2541 RADFORD AVE**  
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **D** ☒ Delete  
NAME **HORNE, CHARLES E**  
STREET ADDRESS **901 S PERSIMMON AVE**  
CITY-ST-ZIP **SANFORD FL 32771**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **JOHN KEVIN HIGGINS**  
STREET ADDRESS **1734 TILLYSTREAM DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32819**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 a 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #