

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003988

FILED
Mar 21, 2009
Secretary of State

Entity Name: INTERDENOMINATIONAL MINISTERS ALLIANCE, INC. OF LAKELAND, FL

Current Principal Place of Business:

302 EAST MEMORIAL BLVD
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 91540
LAKELAND, FL 338041540

New Mailing Address:

FEI Number: 38-3753360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PICKETT, EDGAR T III
302 EAST MEMORIAL BLVD
LAKELAND, FL 33805 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: P () Delete
Name: PICKETT, EDGAR T III
Address: 302 EAST MEMORIAL BLVD
City-St-Zip: LAKELAND, FL 33805

Title: VP () Delete
Name: EWING, PEARCE
Address: 2122 MARTIN LUTHERN KING
City-St-Zip: LAKELAND, FL 33850

Title: T () Delete
Name: LUNSFORD, THOMAS J
Address: 3733 PAULA
City-St-Zip: LAKELAND, FL 338124386

Title: S () Delete
Name: HOGAN, WILLIE M
Address: 920 WEST 13TH STREET
City-St-Zip: LAKELAND, FL 33805

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:

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 J LUNSFORD

T

03/21/2009

Electronic Signature of Signing Officer or Director

Date