

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2007 8:00 am
Secretary of State

09-06-2007 90010 045 ****70.00

DOCUMENT # N05000012840

1. Entity Name
THE INTERDENOMINATIONAL MINISTERIAL ALLIANCE, INC.



Principal Place of Business
**1862 HIGH ST
 FT MYERS, FL 33916**

Mailing Address
**P.O. BOX 2544
 FT MYERS, FL 33902 US**

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

Suite, Apt. #, etc.
2119 PRINCE ST.

Suite, Apt. #, etc.
P.O. BOX 2544

City & State
FORT MYERS, FL


City & State
FORT MYERS, FL

Zip
33916

Country
USA

Zip
33902

Country
USA



08212007 Chg-NP CR2E037 (12/06)

4. FEI Number
APPLIED FOR 412236868

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**REDDEN-SIMS, MARION A
 1862 HIGH ST
 FT MYERS, FL 33916**

7. Name and Address of New Registered Agent

Name
KELLY, ED

Street Address (P.O. Box Number is Not Acceptable)
2160 BEN ST.

City
FORT MYERS

FL

Zip Code
33916

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  **ED KELLY Secretary** **9/01/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 14, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAPMAN, CHARLES 2119 PRINCE ST FT MYERS, FL 33916	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, RICKEY L SR. 2044 BROWN ST FT MYERS, FL 33916	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T REDDEN-SIMS, MARION A 1862 HIGH ST FT MYERS, FL 33916	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RADCLIFFE, CARLTON J 320 LOUISE AVE FT MYERS, FL 33916	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, ERIC I. 9790 BLUE STONE CIR. FORT MYERS, FL 33913		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLY, ED 2160 BEN ST. FORT MYERS, FL 33916		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARNES, MICHAEL 3034 ST. CHARLES ST. FORT MYERS, FL 33916		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JACKSON, BRENDA M. 3123 LAEYETTE ST. FORT MYERS, FL 33916		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **ED KELLY** **9/01/07** **239-337-3936**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #