

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90007 023 ****61.25

DOCUMENT # N05000012840

1. Entity Name
 THE INTERDENOMINATIONAL MINISTERIAL ALLIANCE, INC.



Principal Place of Business
 2119 PRINCE ST
 FT MYERS, FL 33916

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

40033403



2. Principal Place of Business - No P.O. Box #
 2060 Collier Ave.
 Suite, Apt. #, etc.
 Suite #10

3. Mailing Address
 Suite, Apt. #, etc.

01122008 Chg-NP CR2E037 (12/06)

City & State
 FORT MYERS, FL

City & State

Zip
 33901

Country
 USA

4. FEI Number
 41-2236868

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KELLY, ED
 2160 BEN ST
 FT MYERS, FL 33916

7. Name and Address of New Registered Agent

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 Ed Kelly Secretary DATE 02/23/08

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

Filing 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 P	<input checked="" type="checkbox"/> Delete
NAME CHAPMAN, CHARLES	
STREET ADDRESS 2119 PRINCE ST	
CITY-ST-ZIP FT MYERS, FL 33916	
TITLE V	<input checked="" type="checkbox"/> Delete
NAME JOHNSON, ERIC I	
STREET ADDRESS 9790 BLUE STONE CIR	
CITY-ST-ZIP FORT MYERS, FL 33913	
TITLE S	<input type="checkbox"/> Delete
NAME KELLY, ED	
STREET ADDRESS 2160 BEN STONE CIR	
CITY-ST-ZIP FORT MYERS, FL 33916	
TITLE T	<input checked="" type="checkbox"/> Delete
NAME BARNES, MICHAEL	
STREET ADDRESS 3034 ST CHARLES ST	
CITY-ST-ZIP FT MYERS, FL 33916	
TITLE AS	<input checked="" type="checkbox"/> Delete
NAME JACKSON, BRENDA M	
STREET ADDRESS 3123 LAFAYETTE ST	
CITY-ST-ZIP FORT MYERS, FL 33916	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, ERIC I.	
STREET ADDRESS 9790 BLUE STONE CIR.	
CITY-ST-ZIP FORT MYERS, FL 33913	
TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARNES, MICHAEL	
STREET ADDRESS 3034 ST CHARLES ST.	
CITY-ST-ZIP FORT MYERS, FL 33916	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACKSON, BRENDA M.	
STREET ADDRESS 3123 LAFAYETTE ST.	
CITY-ST-ZIP FORT MYERS, FL 33916	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 DATE 02/23/08 DAYTIME PHONE # 239-337-3936

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