

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Moriharr
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18124 (0)

1. Corporation Name

INTERDENOMINATIONAL MINISTERIAL ALLIANCE OF ORLANDO AND VICINITY, INC.

Principal Place of Business

Mailing Address

**4429 CYPRESS STREET
ORLANDO FL 32811
US**

**4429 CYPRESS STREET
ORLANDO FL 32811
US**



3. Date Incorporated or Qualified

12/08/1986

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2918180

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITEHURST, JULIA
4739 SPANIEL ST
ORLANDO FL 32818**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **DENNIS, LEROY**
STREET ADDRESS **1000 GRAND AVENUE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **VD** ☐ DELETE
NAME **MAXWELL, FREDDIE**
STREET ADDRESS **2020 WEST CENTRAL AVENUE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **VD** ☐ DELETE
NAME **WHITEHURST, JULIA**
STREET ADDRESS **4739 SPANIEL STREET**
CITY-ST-ZIP **ORLANDO FL**

TITLE **T** ☐ DELETE
NAME **PINDER, NELSON**
STREET ADDRESS **1001 BETHUNE DRIVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE
NAME **WADE, ANDREW T.**
STREET ADDRESS **3316 LAWRENCE A.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **SD** ☐ DELETE
NAME **AKER, RALPH**
STREET ADDRESS **3504 ROGERS DRIVE**
CITY-ST-ZIP **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 or empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Julia Elita Whitehurst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 February 96
Date

CR2E037 (12/95)