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Jun 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N18124 (0)

1. Corporation Name

INTERDENOMINATIONAL MINISTERIAL ALLIANCE OF ORLA
NDO AND VICINITY, INC.

Principal Place of Business

Mailing Address

4429 CYPRESS STREET
ORLANDO FL 32811
US

4429 CYPRESS STREET
ORLANDO FL 32811-4518
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/08/1986

3a. Date of Last Report
05/01/1996

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

81 Name

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

83

84 City

FL

85

Zip Code

10. Name and Address of New Registered Agent

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)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME VD
WHITEHURST, JULIA
STREET ADDRESS 4739 SPANIEL STREET
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME D
WADE, ANDREW T.
STREET ADDRESS 4752 ARWAY CT
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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.

CR2E037 (9/96)