SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # N18124 (0)

1. Corporation Name

INTERDENOMINATIONAL MINISTERIAL ALLIANCE OF ORLANDO AND VICINITY, INC.

Principal Place of Business	Mailing Address
~~4429 CYPRESS STREET~~	~~4429 CYPRESS STREET~~
~~ORLANDO FL 32811~~	~~ORLANDO FL 32811~~
~~US~~	~~US~~

2. Principal Place of Business	2a. Mailing Address
21 1190 Apopka Blvd.	26 SAME.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Apopka, FL	28 SAME.
24 Zip 32703 25 Country U.S.A.	29 Zip SAME 30 Country U.S.A.

3. Date Incorporated or Qualified: 12/08/1986
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
7. Is this nonprofit corporation a homeowners association? [ ] Yes [✓] No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [✓] No

9. Name and Address of Current Registered Agent

WHITEHURST, JULIA
4739 SPANIEL ST
ORLANDO FL 32818

10. Name and Address of New Registered Agent

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 I accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE: Julia Eleta Whitehurst DATE: 14 July 1998
(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	PD	[ ] DELETE	1.1 TITLE	Holt, Leonard D.	[ ] Change [✓] Addition
NAME	DENNIS, LEROY		1.2 NAME		
STREET ADDRESS	1000 GRAND AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	VD	[ ] DELETE	2.1 TITLE		[ ] Change [ ] Addition
NAME	MAXWELL, FREDDIE		2.2 NAME		
STREET ADDRESS	2020 WEST CENTRAL AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	VD	[ ] DELETE	3.1 TITLE		[ ] Change [ ] Addition
NAME	WHITEHURST, JULIA		3.2 NAME		
STREET ADDRESS	4739 SPANIEL STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	T	[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME	PINDER, NELSON		4.2 NAME		
STREET ADDRESS	1001 BETHUNE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	D	[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME	WADE, ANDREW T		5.2 NAME		
STREET ADDRESS	4752 AMOY CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE	SD	[✓] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME	AKER, RALPH		6.2 NAME		
STREET ADDRESS	3504 ROGERS DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (5/98)

14. I 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.

SIGNATURE: Julia Eleta Whitehurst 14 July 98 407 880-8998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #