

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90390 008 \*\*\*\*70.00

**DOCUMENT # N18595**

1. Entity Name

**INTERDENOMINATIONAL PRAYER BAND OF FLORIDA,  
INC. DISTRICT #2**



Principal Place of Business

**C/O PANDORA C. LEWIS  
810 BOOKER STREET  
HAINES CITY FL 33844**

Mailing Address

**C/O PANDORA C. LEWIS  
810 BOOKER STREET  
HAINES CITY FL 33844**



2. Principal Place of Business

**Same as above**

3. Mailing Address

**Same as above**

1st MOORE

CR2E037 (10/04)

City & State

City & State

4. FEI Number

**59-3730456**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LEWIS, PANDORA C  
810 BOOKER STREET  
HAINES CITY FL 33844**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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 PBM ☐ Delete  
NAME LEWIS, PANDORA C  
STREET ADDRESS 810 BOOKER STREET  
CITY-ST-ZIP HAINES CITY FL 33844

TITLE V ☐ Delete  
NAME WILLIAMS, LOUISE  
STREET ADDRESS 1409 NORTH 10TH STREET  
CITY-ST-ZIP HAINES CITY FL 33844

TITLE V ☐ Delete  
NAME WRIGHT, BESSIE  
STREET ADDRESS 1302 AVENUE N  
CITY-ST-ZIP HAINES CITY FL 33844

TITLE S ☒ Delete  
NAME BROWN, LATHENE  
STREET ADDRESS 1215 AVENUE N  
CITY-ST-ZIP HAINES CITY FL 33844

TITLE T ☒ Delete  
NAME STREETER, GRETRUDE  
STREET ADDRESS 1108 AVENUE E  
CITY-ST-ZIP HAINES CITY FL 33844

TITLE FS ☐ Delete  
NAME RIVERS, WILLIE A  
STREET ADDRESS 1209 TEMPLE CREEK  
CITY-ST-ZIP HAINES CITY FL 33844

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Bm ☐ Change ☒ Addition  
NAME Jessie mae Jackson  
STREET ADDRESS 9 Tangarine Drive  
CITY-ST-ZIP Haines City, FL 33844-0009

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☒ Change ☐ Addition  
NAME Cummings, Annie Jane  
STREET ADDRESS 1236 Ave K  
CITY-ST-ZIP Haines City, FL 33844-1236

TITLE T ☒ Change ☐ Addition  
NAME Belle Palmer  
STREET ADDRESS 743 East Kamomo Rd  
CITY-ST-ZIP Haines City, FL 33844-0743

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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: Pandora C. Lewis**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #