

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18595

FILED  
Apr 07, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-3730456

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PBM ( ) Delete  
Name: LEWIS, PANDORA C  
Address: 810 BOOKER STREET  
City-St-Zip: HAINES CITY, FL 33844

Title: V ( ) Delete  
Name: WILLIAMS, LOUISE  
Address: 1409 NORTH 10TH STREET  
City-St-Zip: HAINES CITY, FL 33844

Title: S ( ) Delete  
Name: CUMMINGS, ANNIE J  
Address: 1236 AVE K  
City-St-Zip: HAINES CITY, FL 338441236

Title: T ( ) Delete  
Name: PALMER, BELLE  
Address: 743 EAST KEMOMO RD  
City-St-Zip: HAINES CITY, FL 338440743

Title: FS ( ) Delete  
Name: RIVERS, WILLIE A  
Address: 1209 TEMPLE CIRCLE  
City-St-Zip: HAINES CITY, FL 33844

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE A. RIVERS

PBM

04/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date