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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **N49943** **(6)**

1. Corporation Name
INTERDENOMINATIONAL WORSHIP CENTER, INC.

Principal Place of Business	Mailing Address
2477 NODOSA DR SARASOTA FL 34232	2477 NODOSA DR SARASOTA FL 34232

3. Date Incorporated or Qualified: 07/16/1992

4. FEI Number: 65-0351257 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 6470 West CR 476	26 6470 West CR. 476
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Bushnell FL	City & State 28 Bushnell FL
Zip 24 33513 Country 25 SUMTER	Zip 29 33513 Country 30 SUMTER

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	10. Name and Address of New Registered Agent
MARSHALL, DONALD C. 2477 NODOSA DR SARASOTA FL 34232	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 6470 WEST CR. 476 83 84 City: Bushnell FL 85 Zip Code: 33513

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 _____ DATE
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	DP	☒ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	MARSHALL, DONALD C.		1.2 NAME		
STREET ADDRESS	2477 NODOSA DR		1.3 STREET ADDRESS	6470 West CR 476	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	Bushnell FL 33513	
TITLE	DT	☒ DELETE	2.1 TITLE	DT	☒ Change ☒ Addition
NAME	COLLIER, LEOLAND D.		2.2 NAME	CASON CHARLOTTE	
STREET ADDRESS	4020 LONGHORN DR		2.3 STREET ADDRESS	EDGEWATER AVE. 14451	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	NOBLETON FL 34661	
TITLE	DS	☒ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	MARSHALL, VIRGINIA V.		3.2 NAME		
STREET ADDRESS	2477 NODOSA DR		3.3 STREET ADDRESS	6470 West CR 476	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	Bushnell FL 33513	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BLOUNT, CHARLES L.		4.2 NAME		
STREET ADDRESS	4710 HOXIE LN		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	MARSHALL DERWOOD O.	
STREET ADDRESS			5.3 STREET ADDRESS	307 WASHINGTON AVE APT #7	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	INVERNESS FL 34450	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Donald Marshall DONALD MARSHALL 4-25-98 1-352-753-3855