

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49943

FILED  
Mar 14, 2006  
Secretary of State

**Entity Name:** INTERDENOMINATIONAL WORSHIP CENTER, INC.

**Current Principal Place of Business:**

6470 W CR 476  
BUSNELL, FL 33513 US

**New Principal Place of Business:**

**Current Mailing Address:**

6470 W CR 476  
BUSHNELL, FL 33513 US

**New Mailing Address:**

**FEI Number:** 65-0351257

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARSHALL, DONALD C.  
6470 W CR 476  
BUSHNELL, FL 33513 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: DP ( ) Delete  
Name: MARSHALL, DONALD C.,  
Address: 6470 W CR 476  
City-St-Zip: BUSHNELL, FL 33513

Title: DT ( ) Delete  
Name: CHARLOTTE, CASON  
Address: EDGEWATER AVE 14431  
City-St-Zip: NOBLETON, FL 34661

Title: DS ( ) Delete  
Name: MARSHALL, VIRGINIA V.,  
Address: 6470 W CR 476  
City-St-Zip: BUSHNELL, FL 33513

Title: D ( ) Delete  
Name: BUTTON, DAN  
Address: 4231 CR 316  
City-St-Zip: BUSHNELL, FL 33513

Title: D ( ) Delete  
Name: MARSHALL, BRIAN D  
Address: PO BOX 1523  
City-St-Zip: BUSHNELL, FL 33513

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

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

Title: DT (X) Change ( ) Addition  
Name: CASON, CHARLOTTE  
Address: EDGEWATER AVE 14431  
City-St-Zip: NOBLETON, FL 34661

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

Title: D (X) Change ( ) Addition  
Name: PARSONS, MATTHEW  
Address: 11203 SW 46TH TERRACE  
City-St-Zip: WEBSTER, FL 33597

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DONALD C MARSHALL

DP

03/14/2006

Electronic Signature of Signing Officer or Director

Date