FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001399 (5)

1. Corporation Name

INTERDENOMINATIONAL BENEFIT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1751 MOUND ST SUITE 1-A SARASOTA FL 34236	P.O. BOX 4256 SARASOTA FL 34230

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/26/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0404552 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 7126 BENEVA RD	26 7126 BENEVA RD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SARASOTA FL	28 City & State: SARASOTA FL
24 Zip: 34238 25 Country	29 Zip: 34238 30 Country

9. Name and Address of Current Registered Agent

MISIEWICZ, THEODORE
1751 MOUND ST
SARASOTA FL 34236-9965

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable): 7126 BENEVA RD
03
04 City: SARASOTA FL 05 Zip Code: 34238

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	D	11 TITLE	D S T	☒ Change ☐ Addition
NAME	MISIEWICZ, THEODORE	12 NAME	THEODORE MISIEWICZ	
STREET ADDRESS	1751 MOUND ST	13 STREET ADDRESS	7126 BENEVA RD.	
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	CD	21 TITLE	C D	☒ Change ☐ Addition
NAME	MCELHENY, THOMAS J	22 NAME	THOMAS J. MCELHENY	
STREET ADDRESS	1751 MOUND ST	23 STREET ADDRESS	7126 BENEVA RD	
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	DPST	31 TITLE		☒ Change ☐ Addition
NAME	BERNSTEIN, ARNOLD C	32 NAME	TOILETS	
STREET ADDRESS	1751 MOUND ST	33 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP		
TITLE		41 TITLE	D	☐ Change ☒ Addition
NAME		42 NAME	FRANCIS X. COUGHTON	
STREET ADDRESS		43 STREET ADDRESS	7126 BENEVA ROAD	
CITY-ST-ZIP		44 CITY-ST-ZIP	SARASOTA FL 34238	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

5/6/16

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: THOMAS J. MCELHENY 4/27/95 813-927-3344
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0083100