

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS**FILED**

1995 JUL 26 AM 10:18

TALLAHASSEE, FLORIDA

DOCUMENT # N94000005907 (0)
1. Corporation Name**INTERDENOMINATIONAL MINISTERIAL ALLIANCE HUMAN SERVICES AND DEVELOPMENT, INC.**

Principal Place of Business

Mailing Address

**2470 QUEBEC AVE., SOUTH
ST. PETERSBURG FL 33712****2470 QUEBEC AVE., SOUTH
ST. PETERSBURG FL 33712**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/30/1994

3a. Date of Last Report

4. FEI Number

59-3199956

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐**\$68.75** Supplemental
Fee Not Required8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAMES, CHESTER REV.
2470 QUEBEC AVE., SOUTH
ST. PETERSBURG FL 33712**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DP	COPELAND, JOHN	100-19TH AVE. SOUTH	ST. PETERSBURG FL 33705
DV	SMITH, EARL	1310-22ND AVE. SOUTH	ST. PETERSBURG FL 33705
DT	JAMES, CHESTER	2470 QUEBEC AVE., SOUTH	ST. PETERSBURG FL 33712
DS	EDWARD, LOUIS	801 6TH AVE. SOUTH	ST. PETERSBURG FL 33701
D	WOODS, ALFONSO	240 4TH STREET NORTH	ST. PETERSBURG FL 33701

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	Change	Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	Change	Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	Change	Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	Change	Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	Change	Addition

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 110.07(3)(b), 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:

SIGNATURE AND WITNESS OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REV. CHESTER JAMES**6/20/95****813-329-9993**