FILED

2001 UNIFORM BUSINESS REPORT (UBR)

## Jul 20, 2001 8:00 am Secretary of State DOCUMENT # N9400005907 07-20-2001 90004 008 \*\*\*\*61.25 INTERDENOMINATIONAL MINISTERIAL ALLIANCE HUMAN S Principal Place of Business Mailing Address 1371 16TH STREET SOUTH P.O. BOX 13201 ST. PETERSBURG FL 33733 20078743 ST. PETERSBURG FL 33712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEl Number Applied For 59-3179956 Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RAINEY, MARTIN 3901 39TH STREET SOUTH y ST. PETERSBURG FL 33711 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State After September 12, 2001, min. will be \$236.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. . . TITLE ☐ Delete TITLE ☐ Change ☐ Addition RAINEY, MARTIN NAME NAME 3901 39TH STREET SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33711 CITY-ST-ZIP Addition 🐱 Delete ☐ Change TITLE TITLE Treas PETIT, JEAN-CLAUDE Ruth Bell, 5573 - 215t WAY 50 Pete, 71 33 712 NAME NAME 2693 ENTERPRISE RD. E #403 STREET ADDRESS STREET ADDRESS CLEARWATER FL 33759 CITY-ST-ZIP CITY-ST-ZIP pres. TITLE Oelete TITLE ☐ Change Addition. Roger Francis EGGEMAN GAIL NAME NAME 1200-3714 Ave, NE PO BOX 2842 STREET ADDRESS STREET ADDRESS 5t, party 33704 ST. PETERSBURG FL 33731 CITY-ST-ZIP CITY-ST-ZIP Addition TITL F ☐ Delete TITI F Change JACKSON, DORETHA NAME NAME Preston Legnard 2230 21st Ave. 50 st. Petr, 11 33712 7300 SUNSHINE SKYWAY LN #205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33711 CITY-ST-ZIP Director **Addition** TITLE Delete TITLE Change Johnny Roberson VICTOR, GUSTAVE NAME NAME 2476 -m elruse Ave. 50 1521 19TH AVE. SOUTH STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33705 Stipote 3371 2 CITY-ST-ZIP CITY-ST-ZIP DIFFUTOR TITLE Delete TITLE SANIS FORM 1418-23ml Ave. So Change Addition HAYWARD, BETTY NAME 5234 97H STREET SOUTH STREET ADDRESS STREET ADDRESS St. Dote 33705 ST. PETERSBURG FL 33705 CITY-ST-ZIP CITY-ST-7IP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all the empowered.

SIGNATURE

MARTIN RAINEY

WORLD X, Directon

727/898-