

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90279 001 *****8.75
 02-27-2002 90279 002 *****61.25

DOCUMENT # N94000005907

1. Entity Name

INTERDENOMINATIONAL MINISTERIAL ALLIANCE HUMAN SERVICES AND DEVELOPMENT, INC.

Principal Place of Business

**1371 16TH STREET SOUTH
 ST. PETERSBURG FL 33712**

Mailing Address

**P.O. BOX 13201
 ST. PETERSBURG FL 33733**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3179956**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAINEY, MARTIN
 3901 39TH STREET SOUTH
 ST. PETERSBURG FL 33711**

Name

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

City

FL

Zip Code

8. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **RAINEY, MARTIN**
 STREET ADDRESS **3901 39TH STREET SOUTH**
 CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **BELL, RUTH**
 STREET ADDRESS **5573-2154 WAY 50**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33712**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **PRES FRANCIS, ROGER**
 STREET ADDRESS **1200-37TH AVE. NE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **JACKSON, DORETHA**
 STREET ADDRESS **7300 SUNSHINE SKYWAY LN #205**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33711**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **ROBERSON, JOHNNY**
 STREET ADDRESS **2476- MELROSE AVE. S06**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33712**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **FORCT, JANIS**
 STREET ADDRESS **1418-23RD AVE. SO**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33705**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 other like empowered.

SIGNATURE:

Martin Rainey **REQUIRED**

2/7/2002 **727/898**
7315

CR2E037 (9/01)