


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000002062</b>	
1. Entity Name <b>THE INSTITUTE OF THEOLOGY AND MINISTRY TRAINING, INC.</b>	

Principal Place of Business <b>6250 EDGEWATER DRIVE STE 500 ORLANDO, FL 32810</b>	Mailing Address <b>PO BOX 608505 ORLANDO, FL 32860</b>
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**DO NOT WRITE IN THIS SPACE**



04052005 No Chg-NP CR2E037 (10/03)

4. FCI Number <b>59-3312470</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>WALKER, SHEILA K 2256 WEKIVA VILLAGE LANE APOPKA, FL 32703</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee (Applicable) (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D WALKER, SHEILA, DR 2256 WEKIVA VILLAGE LANE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY ST ZIP	D PERSON-IRBY, TANYA 2312 WALNUT HEIGHTS RD APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY ST ZIP	D JACKSON, MARCEIL D 383 HAYNES ST HACKENSACK, NJ 07601
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000322070  
04/21/05-80100-019 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:** *Rev. Dr. Walker* *Rev. Dr. Walker - President* *4/18/05* *(407) 282-9922*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Domicile Phone #