

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90009 004 ****61.25

DOCUMENT # N95000002062

1. Entity Name
**THE INSTITUTE OF THEOLOGY AND MINISTRY
TRAINING, INC.**



Principal Place of Business
6250 EDGEWATER DRIVE
STE 500
ORLANDO, FL 32810

Mailing Address
PO BOX 608505
ORLANDO, FL 32860

QUU4700



2. Principal Place of Business

3. Mailing Address

2605 LAKE MARY Blvd.

Suite, Apt. #, etc.

Suite 123

Suite, Apt. #, etc.

City & State

City & State

Lake Mary Florida

Zip
32746

Country
Seminole

Zip

Country

04042006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3312470

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

**WALKER, SHEILA K
2256 WEKIVA VILLAGE LANE
APOPKA, FL 32703**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sheila K. Walker

Sheila K. Walker

Signature, typed or printed name of registered agent and fee (if applicable)

(If filer is registered agent, signature required when changing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, SHEILA, DR	
STREET ADDRESS	2256 WEKIVA VILLAGE LANE	
CITY - ST - ZIP	APOPKA, FL 32703	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERSON-IRBY, TANYA	
STREET ADDRESS	2312 WALNUT HEIGHTS RD	
CITY - ST - ZIP	APOPKA, FL 32703	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, MARCEIL D	
STREET ADDRESS	383 HAYNES ST.	
CITY - ST - ZIP	HACKENSACK, NJ 07601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Sheila K. Walker* / *Sheila K. Walker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1, 2006 (407)292-9922

DATE DATE OF FILING