

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 03, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N95000002062

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



Principal Place of Business  
2605 LAKE MARY BLVD  
STE 123  
LAKE MARY, FL 32746

Mailing Address  
PO BOX 608505  
ORLANDO, FL 32860



05212007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**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

UDD0000771331  
08/03/07-80002-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

*Rev. Dr. Sheila Walker* *Rev. Dr. Sheila Walker* *President Aug 1, 2007*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

(407) 292-9922