


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>N98000 00 2065</i>					
1. Corporation Name <i>The International - Internal - Denominational Ministerial Alliance of Churches United in Peace INC.</i>					
Principal Place of Business <i>1765 28th St. South</i> <i>St. Petersburg, FL 33712</i>			Mailing Address		

APPROVED
AND
FILED

89 JUN -3 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <i>4-8-98</i>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <i>59-3490053</i>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent <i>Arthur L. Bailey Sr.</i> <i>1765 28th St. South</i> <i>St. Petersburg FL 33712</i>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP
P.D.	<i>Arthur L. Bailey Sr.</i>	<i>1765 28th St. South</i>	<i>St Petersburg FL 33712</i>				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP
T.D.	<i>Vivian C. Bailey</i>	<i>1765 28th St. South</i>	<i>St. Petersburg FL 33712</i>				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP
D	<i>Steve Thomas</i>	<i>4025 46th Ave NO. #16</i>	<i>St Petersburg FL 33714</i>				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP
D	<i>E.P. Walker</i>	<i>6419 Diamond St.</i>	<i>Tampa, FL 33619</i>				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X [Signature]* DATE: *6-3-99* DAYTIME PHONE: *813 99*

CR2E037 (11/98)