

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006607

FILED
Apr 30, 2009
Secretary of State

Entity Name: INTERDENOMINATIONAL CHURCH OF GOD, INC.

Current Principal Place of Business:

5911 E. SPRING ST
SUITE 368
LONG BEACH, CA 90808

New Principal Place of Business:

2892 N BELLFLOWER BLVD
SUITE 268
LONG BEACH, CA 90815

Current Mailing Address:

5911 E. SPRING ST
SUITE 368
LONG BEACH, CA 90808

New Mailing Address:

2892 N BELLFLOWER BLVD
SUITE 268
LONG BEACH, CA 90815

FEI Number: 59-3679906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAMBLISS, JOHNNY F JR
1939 11TH ST SW
LARGO, FL 33778 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, IRA DR.
Address: 5911 E. SPRING ST., SUITE 368
City-St-Zip: LONG BEACH, CA 90808

Title: CD () Delete
Name: BAITY, CLARA F
Address: 1214 MAGNOLIA DR
City-St-Zip: CLEARWATER, FL 33756

Title: TD () Delete
Name: JENKINS, NAOMI
Address: 1129 CARLETON ST.
City-St-Zip: CLEARWATER, FL 34615

Title: SD () Delete
Name: ISAAC, JANICE
Address: 301 MARTIN LUTHER KING AVE
City-St-Zip: CLEARWATER, FL 33755

Title: AT () Delete
Name: CHAMBLISS, HENRIETTA
Address: 1939 11TH ST SW
City-St-Zip: LARGO, FL 33778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JONES, IRA DR.
Address: 2892 N BELLFLOWER BLVD., SUITE 268
City-St-Zip: LONG BEACH, CA 90815

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MILLER, JANICE
Address: 301 MARTIN LUTHER KING AVE
City-St-Zip: CLEARWATER, FL 33755

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR IRA JONES

PD

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date