

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90378 006 \*\*\*\*70.00

**DOCUMENT #** N00000006607  
**1. Entry Name** INTERDENOMINATIONAL CHURCH OF GOD, INC

**Principal Place of Business**                      **Mailing Address**  
 9262 126th Ave. No.                      9262 126th Ave. No.  
 Largo, FL 33773                      Largo, FL 33773

**2. Principal Place of Business**                      **3. Mailing Address**  
 5911 E Spring St                      5911 E. Spring St.

**Suite, Apt. #, etc.**                      **Suite, Apt. #, etc.**  
 Suite 368                      Suite 368

**City & State**                      **City & State**  
 Long Beach, CA                      Long Beach, CA

**Zip**                      **Country**                      **Zip**                      **Country**  
 90808                      US                      90808                      US

**4. FEI Number**                       **Applied For**  
 59-3679906                       **Not Applicable**

**5. Certificate of Status Desired**                       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 Kenneth Isaac  
 301 North Greenwood Avenue  
 Clearwater, FL 33755

**7. Name and Address of New Registered Agent**  
**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.**

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating)                      **DATE** \_\_\_\_\_

**FILE NOW:**  
**FEE IS \$61.25**

**9. Election Campaign Financing**                       **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> <b>Addition</b> Dr. Ira Jones 5911 E. Spring St, Ste 368 Long Beach, CA 90808
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>C/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> <b>Addition</b> Maxine Dixon 13155 116 Lane No. Largo, FL 33778
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> <b>Addition</b> Naomi Jenkins 1129 Carleton St. Clearwater, FL 34615
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> <b>Addition</b> Janice Isaac 301 N. Greenwood Ave. Clearwater, FL 34615
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T (Assistant)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> <b>Addition</b> Jennifer Lee 1567 Crown St. Clearwater, FL 33754
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> <b>Addition</b>

**12. 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 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 empowerer.**

**SIGNATURE:** Ira Jones, PhD.                      **Ira Jones, PhD.**                      **4/26/01**                      **(562)234-0058**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #

CR2E037 (1/1/00)