

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90285 002 ****61.25

DOCUMENT # N00000006607

1. Entity Name

INTERDENOMINATIONAL CHURCH OF GOD, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3679906

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ISAAC, KENNETH
 301 NORTH GREENWOOD AVE.
 CLEARWATER FL 33755**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD JONES, IRA DR.**
 STREET ADDRESS **5911 E. SPRING ST., SUITE 368**
 CITY-ST-ZIP **LONG BEACH CA 90808**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **CD DIXON, MAXINE**
 STREET ADDRESS **13155 116 LANE NO.**
 CITY-ST-ZIP **LARGO FL 33778**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD JENKINS, NAOMI**
 STREET ADDRESS **1129 CARLETON ST.**
 CITY-ST-ZIP **CLEARWATER FL 34615**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD ISAAC, JANICE**
 STREET ADDRESS **301 N. GREENWOOD AVE.**
 CITY-ST-ZIP **CLEARWATER FL 34615**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **AT LEE, JENNIFER**
 STREET ADDRESS **1567 CROWN ST.**
 CITY-ST-ZIP **CLEARWATER FL 33754**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02
 Date

Daytime Phone #

CP2E037 (9/01)