

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006607

FILED
Apr 30, 2006
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:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3679906 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISAAC, KENNETH
301 NORTH GREENWOOD AVE.
CLEARWATER, FL 33755 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: DIXON, MAXINE
Address: 13155 116 LANE NO.
City-St-Zip: LARGO, FL 33778

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

Title: SD () Delete
Name: ISAAC, JANICE
Address: 301 N. GREENWOOD AVE.
City-St-Zip: CLEARWATER, FL 34615

Title: AT () Delete
Name: LEE, JENNIFER
Address: 1567 CROWN ST.
City-St-Zip: CLEARWATER, FL 33754

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SD (X) Change () Addition
Name: ISAAC, JANICE
Address: 301 N. GREENWOOD AVE.
City-St-Zip: CLEARWATER, FL 33755

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

I hereby certify that the information supplied with this filing does not qualify for the 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

04/30/2006

Electronic Signature of Signing Officer or Director

Date