


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 05, 2008 08:00 AM  
Secretary of State**

<b>DOCUMENT # N0000006607</b> 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
---	---



05012008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3679906	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

DO NOT WRITE  
IN THIS SPACE

**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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

U00000947246  
06/02/08-80006-018 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, IRA DR. 5911 E. SPRING ST., SUITE 368 LONG BEACH, CA 90808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BAITY, CLARA F 1214 MAGNOLIA DR CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JENKINS, NAOMI 1129 CARLETON ST. CLEARWATER, FL 34615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ISAAC, JANICE 301 MARTIN LUTHER KING AVE CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT CHAMBLISS, HENRIETTA 1939 11TH ST SW LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Ira Jones* **May 4, 2008** 562-234-0053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #