

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 25, 2005  
Secretary of State**

DOCUMENT# N04000003751

Entity Name: INTERCONTINENTAL BAPTIST MISSION INC.

**Current Principal Place of Business:**

3342 NW 69 ST  
FT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

3342 NW 69 ST  
FT LAUDERDALE, FL 33309

**New Mailing Address:**

FEI Number: 65-1225291      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RICE, BILL  
19730 SW 12 ST  
PEMBROKE PINES, FL 33029      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: P      ( ) Delete  
Name: RAYMOND, ELISEE  
Address: 3342 NW 69 ST  
City-St-Zip: FT LAUDERDALE, FL 33309

Title: V      ( ) Delete  
Name: RAYMOND, BONITA L  
Address: 3342 NW 69 ST  
City-St-Zip: FT LAUDERDALE, FL 33309

Title: D      ( ) Delete  
Name: RICE, BILL  
Address: 19730 SW 12 ST  
City-St-Zip: PEMBROKE PINES, FL 33029

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

Electronic Signature of Signing Officer or Director

MR.

04/25/2005

\_\_\_\_\_ Date