

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003751

FILED
Apr 27, 2009
Secretary of State

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 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: ELISEE RAYMOND

P

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date