#### I hereby 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 all other like empowered.

#### SIGNATURE: ELISEE RAYMOND

Electronic Signature of Signing Officer/Director Detail

Title Nar Add 3309 City

### Electronic Signature of Registered Agent **Officer/Director Detail :**

Title	Ρ	Title	V
Name	RAYMOND, ELISEE	Name	RAYMOND, BONITA L
Address	3342 NW 69 ST	Address	3342 NW 69 ST
City-State-Zip:	FT LAUDERDALE FL 33309	City-State-Zip:	FT LAUDERDALE FL 33
Title	D		
The	D		
Name	RICE, BILL		
Address	19730 SW 12 ST		
City-State-Zip:	PEMBROKE PINES FL 33029		

#### 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:

# 3342 NW 69 ST

## FEI Number: 65-1225291

## Name and Address of Current Registered Agent:

RICE, BILL 19730 SW 12 ST

FT LAUDERDALE, FL 33309

**Current Principal Place of Business:** 

# **Current Mailing Address:**

DOCUMENT# N0400003751

FT LAUDERDALE. FL 33309

3342 NW 69 ST

PEMBROKE PINES, FL 33029 US

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: INTERCONTINENTAL BAPTIST MISSION INC.

### FILED Apr 24, 2014 Secretary of State CC5147517569

Certificate of Status Desired: Yes

PRESIDENT

Date

04/24/2014