## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

740232

(4)

CHURCH	<b>OF</b>	THE	INTER	CESSION
OHOHOH	~		4416	CESSION

Principal Place of Business Mailing Address			E LOUISE ADESE DI ESE BOSSO SISTO SISTO SISTO DE					
501 NORTHWEST 17TH STREET FORT LAUDERDALE FL 33311		501 NORTHWEST 17TH FORT LAUDERDALE FI						
					3. Date Incorporated or Qualified 09/23/1977	3a. Date of Las 02/16/		
	ace of Business	2a. Mailing Address			4. FEI Number 59-1458859		Applied For	
Suite, Apt. i	# etc	Suite, Apt. #, etc.			33 1430033		Not Applicable	
22	.,	27			5. Certificate of Status Desired		5 Additional Required	
City & State	9	City & State			Election Campaign Financing     Trust Fund Contribution		00 May Be ed to Fees	
Zφ	Country	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,			
24	9. Name and Address of Curre	29 ent Registered Agent	30		Florida Statutes L.  10. Name and Address of New Ro	Yes No		
			81	Name	10. Harro and Address of New III	Sistered Agent	<del>-</del>	
DAVIDSO	)n, allan r.		82	Pleast Adde	ess (P.O. Box Number is Not Acceptable	-l		
1416 NE			02	Street Addin	ess (F.O. box Number is Not Acceptable	e)		
WILTON	MANORS FL 33334		83					
			84	City		85 Z	ıp Code	
				•		FL   "		
<ol> <li>Pursuant t or registeri</li> </ol>	to the provisions of Sections 617,050 ed agent, or both, in the State of Flor	)2 and 617.1508, Florida Statut rida. Such change was authoriz	tes, the above-na zed by the corpo	amed corpora ration's boar	ation submits this statement for the purp d of directors. I hereby accept the appo	lose of changing its introduction	registered office	
familiar wit	tn, and accept the obligations of, Sec	ction 617.0503, Florida Statutes	s.		o or an octors. Thirdby accopt the apple	in in one do registere	a agent. Fam	
SIGNATURE _	Carrier bender partial page of a characteristic		SA BURGERIA					
12.	Signature, typed or printed name of registered ager  OFFICERS AN	ND DIRECTORS	OTF Registered Agent: 13.	signature required	t when reinstating: ADDITIONS/CHANGES TO OFFI	DATE OF BS, AND, DIRECTA	CL MLSEC	
TITLE	T	<b>₹</b> DELETE	1 1 TITLE	Т		Change	<b>State</b> Addition	
NAME	SAVARESE, CAROL	4.	1.2 NAME				Z vasilisiv	
STREET ADDRESS	4571 NW 67 PL LOT P16		13 STREET A	DDRESS 2	ULLARD, ERNEST 251 N.W. 28 St.			
CITY-ST-ZIP	COCONUT CREEK FL 33073	}	1.4 C(TY-ST		ort Lauderdale FL	33311		
TITLE	D	<b>★</b> DELETE	2 1 T+TLE	D		☐ Change	Addition	
NAME	GREEN ROWENA		2.2 NAME	M	IXSELL, CANDY			
STREET ADDRESS	741 CAROLINA AVE		2 3 STREET A	DDRESS 7	300 N.W.17 St. Ap	t. 208		
CITY ST-ZIP	FT LAUDERDALE FL		2 4 CITY-ST	-ZIP P	lantation FL 3331			
TITLE	D NAME LIABO AND V	DELETE	3 1 TiTLE	D		☐ Change	Add-tion	
NAME	WILLIAMS, MARY 3301 NW 15TH PL		3 2 NAME		VES, BEVERLY			
STREET ADDRESS	FT LAUDERDALE FL		3 3 STREET A		950 N.B. 5 Ter.			
CITY-ST-ZIP TITLE	S	<b>★</b> ]DELETE	3.4. CITY-ST 4.1 TITLE	· ZIP F	<u>ort Lauderdale FI</u>	, 33334 □ Change	[ ] Addition	
NAME	MCKIBBEN, YVONNE	A JULIE	4 1 IIILE 4 2 NAME	D.	DOMENII ALICONI - 1.12 - 5.		Addition	
STREET ADDRESS	520 NW 40 ST		4 3 STREET A	DDRESS 5	ETTENHAUSEN, WALD 10 N.E. 19 Street	'A		
CITY - ST - ZIP	FT. LAUDERDALE FL		4 4 CITY-ST		ilton Manors FL 3			
TITLE	PD	DELETE	51 TITLE			☐ Change	Addition	
NAME	DAVIDSON, ALLAN R.		5 2 NAME					
STREET ADDRESS	1416 NE 27 DR		53 STREET A	DDRESS				
CITY - ST - ZIP	WILSON MANORS FL		54 City-Si	ZIP				
TITLE	D DOODA	<b>₹</b> ] DELETE	6 1 TIFLE			Change	Addition	
NAME	MCKIBBEN, BOBBY		6.2 NAME					
STREET ADDRESS	520 NW 40TH ST. FT. LAUDERDALE FL 33309		63 STREET A					
14. I do hereb	v certify that the information supplied	with this filing is voluntarily furn	640lty-St	not qualify fo	or the exemption stated in Section 119.0	17/3)(k) Florida Statu	tee I further	
certify that	: the information indicated on this and	iual recort or supplemental aor	nual renort is true	and accurat	te and that my signature shall have the s s report as required by Chapter 617, Flo	ama lanal affact se i	if made under	
appears in	i Block 12 or Block 13 if changed, or	on an attachment with an add	ress.					
010114	une //// 0	(). `n	1	ALLA	AN R. DAVIDSON 2/	1/96 954-566	1602	
SIGNAT	UHE: WANK SIGNATURE AND TYPED C	DR PRINTED NAME OF SIGNING OFFIC	ER OR DIRECTOR		Deter	Daytime Phone		