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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **740232**

1. Corporation Name
CHURCH OF THE INTERCESSION

Principal Place of Business	Mailing Address
501 NORTHWEST 17TH STREET FORT LAUDERDALE FL 33311	501 NORTHWEST 17TH STREET FORT LAUDERDALE FL 33311

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/23/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1458859 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DENNIS, GLADYS H
1010 S OCEAN BLVD
#1116
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Gladys H. Dennis April 4 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	SAVARESE, CAROL		1.2 NAME	GREEN, ROWENA	
STREET ADDRESS	4571 NW 67 PL		1.3 STREET ADDRESS	6500 NW 26 St.	
CITY-ST-ZIP	COCONUT CREEK FL		1.4 CITY-ST-ZIP	Sunrise, FL 33313	
TITLE	T	☒ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	LOUDERBACK, JOAN		2.2 NAME	CRAWFORD, JEREMY	
STREET ADDRESS	1201 NE 155TH ST		2.3 STREET ADDRESS	3230 Venice Way	
CITY-ST-ZIP	N MIAMI BEACH FL		2.4 CITY-ST-ZIP	Miramar, FL 33025	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	WILLIAMS, MARY		3.2 NAME	BLAKE, ROSE	
STREET ADDRESS	3301 NW 15TH PL		3.3 STREET ADDRESS	6118 Garfield, St., #B	
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP	Hollywood, FL 33024	
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, JANICE		4.2 NAME		
STREET ADDRESS	550 A NW 18TH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33311		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DENNIS, GLADYS H		5.2 NAME		
STREET ADDRESS	1010 S OCEAN BLVD, #1116		5.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33062		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BANKS, VALARIE		6.2 NAME		
STREET ADDRESS	1640 NW 25TH AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol Savarese **SIGNATURE REQUIRED** TREASURER CAROL E. SAVARESE 4/4/99 954-421-462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #