

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91219 030 ****70.00

000312

DOCUMENT # 740232

1. Entity Name

CHURCH OF THE INTERCESSION

Principal Place of Business

**501 NORTHWEST 17TH STREET
 FORT LAUDERDALE FL 33311**

Mailing Address

**501 NORTHWEST 17TH STREET
 FORT LAUDERDALE FL 33311**

551320



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1458859

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREEN, REGINA
 6500 NW 26 ST
 SUNRISE FL 33313**

Name **Rev. Maud Paraison**

Street Address (P.O. Box Number is Not Acceptable)

1301 N.E. 114th Terr.

City **North Miami**

FL

Zip Code **33161**

8. 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 **Rev. Maud Paraison**

Maud Paraison

May 9, 2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SAVARESE, CAROL	
STREET ADDRESS	4571 NW 67 PL	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, ROWENA	
STREET ADDRESS	6500 NW 26 ST	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, MARY	
STREET ADDRESS	3301 NW 15TH PL	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOSEPH, RONALD	
STREET ADDRESS	25 PLEASANT HILL LANE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLAKE, ROSE	
STREET ADDRESS	6118 GARFIELD ST., #B	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PASCALIE DALLEMAND	
STREET ADDRESS	1501 S.W. 72nd Ave.	
CITY-ST-ZIP	Plantation, FL 33317	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELISSA LeROY	
STREET ADDRESS	4821 N.W. 7th Drive	
CITY-ST-ZIP	Plantation, FL 33317	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIE-LINE BENJAMIN	
STREET ADDRESS	7783 Juniper Street	
CITY-ST-ZIP	Miramar, FL 33023	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rev. MAUD PARAISON	
STREET ADDRESS	1301 N.E. 114th Terr.	
CITY-ST-ZIP	North Miami, FL 33161	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maud Paraison* **RECEIVED** **Rev. MAUD PARAISON** **5/9/01** **(954) 763-5986**

CR2E037 (10/00)