2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740232

Entity Name: CHURCH OF THE INTERCESSION

FILED May 05, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 501 NORTHWEST 17TH STREET FORT LAUDERDALE, FL 33311 **Current Mailing Address: New Mailing Address:** 501 NORTHWEST 17TH STREET FORT LAUDERDALE, FL 33311 FEI Number: 59-1458859 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PARAISON, MAUD REV. 3480 NW 35 STREET LAUDERDALE LAKES, FL 33309 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DALLEMAND, PASCALIE Name: Name: Address: 1501 S.W. 72ND AVE. Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GREEN, ROWENA Name: Address: 6500 NW 26 ST Address: City-St-Zip: SUNRISE, FL 33313 City-St-Zip: Title: () Delete Title: () Change () Addition WILLIAMS, ERNEST Name: Name: Address: 3301 NW 15TH PL Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: JOSEPH, RONALD Name: JOSEPH, ROLAND 25 PLEASANT HILL LANE 25 PLEASANT HILL LANE Address: Address: City-St-Zip: TAMARAC, FL 33319 City-St-Zip: TAMARAC, FL 33319 Title: () Delete Title: (X) Change () Addition LEROY, MELISSA LEROY, MELISSA Name: Name: 3252 FOXCROST RD. #108 3252 FOXCROFT RD. #108 Address: Address: City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: MIRAMAR, FL 33025 Title: () Delete Title: () Change () Addition PARAISON, MAUD REV. Name: Name: Address: 3480 NW 35TH STREET Address: FORT LAUDERDALE, FL 33309 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MAUD PARAISON REV. 05/05/2004