


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

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
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03042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1458859	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
PARAISON, MAUD REV. 3480 NW 35 STREET LAUDERDALE LAKES, FL 33309	

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000292733 04/07/05-80082-016 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DALLEMAND, PASCALIE 1501 S.W. 72ND AVE. PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, ROWENA 6500 NW 26 ST SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ERNEST 3301 NW 15TH PL FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, ROLAND 25 PLEASANT HILL LANE TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEROY, MELISSA 3252 FOXCROFT RD. #108 MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARAISON, MAUD REV. 3480 NW 35TH STREET FORT LAUDERDALE, FL 33309

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 **MAUD PARAISON, REV.** 3/9/05 (954) 763-5986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #