


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2008 8:00 am**  
**Secretary of State**

07-10-2008 90013 046 \*\*\*\*61.25

<b>DOCUMENT # 740232</b> 1. Entity Name <b>CHURCH OF THE INTERCESSION</b>					
Principal Place of Business <b>501 NORTHWEST 17TH STREET FORT LAUDERDALE, FL 33311</b>			Mailing Address <b>501 NORTHWEST 17TH STREET FORT LAUDERDALE, FL 33311</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1458859</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PARAISON, MAUD REV. 3480 NW 35 STREET LAUDERDALE LAKES, FL 33309</b>				7. Name and Address of New Registered Agent Name <b>JOANN Smith</b> Street Address (P.O. Box Number is Not Acceptable) <b>620 TENNIS CLUB DR #110</b> City <b>FT. LAUDERDALE, FL</b> Zip Code <b>33311</b>	
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 <u><i>Joann Smith</i></u> <span style="float: right;">7-3-08</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>DALLEMAND, PASCALIE</b> <b>1501 S.W. 72ND AVE</b> <b>PLANTATION, FL 33317</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JOANN SMITH</b> <b>620 TENNIS CLUB DR #110</b> <b>FT LAUDERDALE FLA 33311</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BENJAMIN, MARIE-LINE</b> <b>1788 SW 81ST LANE</b> <b>DAVIE, FL 33324</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STEVE KANTNER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>620 TENNIS CLUB DR #406</b> <b>FT. LAUDERDALE, FLA 33311</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>HARRIS, JR., THEODORE</b> <b>HILLMONT GARDENS 2001 NW 9TH AVE, # 351</b> <b>FORT LAUDERDALE, FL 33311</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>JOSEPH, ROLAND</b> <b>25 PLEASANT HILL LANE</b> <b>TAMARAC, FL 33319</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>LEROF, MELISSA</b> <b>3480 NW 35TH STREET</b> <b>LAUDERDALE LAKES, FL 33309</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EARL REDDIE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4101 N.W. 32ND AVE</b> <b>LAUDERDALE LAKES, FL 33309</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>PARAISON, MAUD REV.</b> <b>3480 NW 35TH STREET</b> <b>FORT LAUDERDALE, FL 33309</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u><i>Joann Smith Treasurer</i></u> <span style="float: right;">7-3-08 954-298-5607</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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07042008 Chg-NP CR2E037 (12/06)