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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2002 8:00 am
Secretary of State
04-10-2002 90470 036 ****61.25

DOCUMENT # N01000007547

1. Entity Name

INTERCESSORS HOUSE WHERE LIVES ARE BUILT INC.

Principal Place of Business	Mailing Address
PO BOX 35395 PANAMA CITY FL 32412-5395	PO BOX 35395 PANAMA CITY FL 32412-5395

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. Box 35395	P.O. Box 35395
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City FL.	City & State: Panama City FL.
Zip: 32412-5395 Country: Bay	Zip: 32412-5395 Country: Bay

4. FEI Number: 55-3758455 ☐ Applied For ☐ Not Applicable

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
ALEXANDER, CHARLES 703 SATSUMA AVE PANAMA CITY FL 32401	Name: Rev CHARLES Alexander * Street Address (P.O. Box Number is Not Acceptable): 703 Satsuma Ave City: Panama City FL Zip Code: 32401

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: Charles Alexander 04-02-02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Rev CHARLES ALEXANDER 703 SATSUMA AVE PANAMA City FL. 32401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Co-Pastor GLENDA ALEXANDER 703 SATSUMA AVE PANAMA City FL. 32401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEACON JAMES HOUSTON 224 WASHINGTON AVE PANAMA City FL. 32401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEACONESS + SECRETARY DOCELIA HOUSTON 224 WASHINGTON AVE PANAMA City FL. 32401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: Rev Charles Alexander REV. CHARLES Alexander 04-02-02 (850) 747-9246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #