

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90081 029 ****61.25

DOCUMENT # N01000007547

1. Entity Name

INTERCESSORS HOUSE WHERE LIVES ARE BUILT INC.



Principal Place of Business

3131 E BUSINESS HWY 98
PANAMA CITY FL 32401

Mailing Address

PO BOX 35395
PANAMA CITY FL 32412-5395

2. Principal Place of Business

3119 E. BUS HWY 98

3. Mailing Address

Suite, Apt. #, etc.

Suite # 2 + 3

City & State

Panama City FL

City & State

Zip

32401

U.S.

Country

6. Name and Address of Current Registered Agent

ALEXANDER, CHARLES
703 SATSUMA AVE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Rev. Charles Alexander

04-18-04

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR ALEXANDER, CHARLES 703 SATSUMA AVE. PANAMA CITY FL 32401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TCP ALEXANDER, GLENDA 703 SATSUMA AVE. PANAMA CITY FL 32401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GOUSTOU, JAMES 224 WASHINGTON AVE. PANAMA CITY FL 32401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HOLMES, SHARON 228 EVERITT AVE PANAMA CITY FL 32401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHARLES, ALEXANDER 703 SATSUMN AVE PANAMA CITY FL 32401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FITZGERALD, HENRY 1203 3 24TH PLAZA PANAMA CITY FL 32405	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Woods, Phyllis 721 MICHAEL DRIVE PANAMA CITY, FL. 32404	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Alexander, Charles 703 SATSUMA AVE PANAMA CITY FL. 32401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-18-04

Date

(850) 763-1399

Daytime Phone #