

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N01000007547

1. Entity Name

INTERCESSORS HOUSE WHERE LIVES ARE BUILT INC.



FILED
Apr 21, 2005 08:00 AM
Secretary of State

Principal Place of Business

3119 E. BUS HWY 98, STE 2 & 3
PANAMA CITY FL 32401

Mailing Address

PO BOX 35395
PANAMA CITY FL 32412-5395



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3751499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$81.25
Due By May 1, 2005

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	DR	<input type="checkbox"/> Delete
NAME	ALEXANDER, CHARLES	
STREET ADDRESS	703 SATSUMA AVE.	
CITY- ST- ZIP	PANAMA CITY FL 32401	
TITLE	TCP	<input type="checkbox"/> Delete
NAME	ALEXANDER, GLENDA	
STREET ADDRESS	703 SATSUMA AVE.	
CITY- ST- ZIP	PANAMA CITY FL 32401	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GOUSTOU, JAMES	
STREET ADDRESS	224 WASHINGTON AVE.	
CITY- ST- ZIP	PANAMA CITY FL 32401	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOLMES, SHARON	
STREET ADDRESS	228 EVERITT AVE	
CITY- ST- ZIP	PANAMA CITY FL 32401	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHARLES, ALEXANDER	
STREET ADDRESS	703 SATSUMA AVE	
CITY- ST- ZIP	PANAMA CITY FL 32401	
TITLE	P	<input type="checkbox"/> Delete
NAME	ALEXANDER, CHARLES	
STREET ADDRESS	703 SATSUMA AVE.	
CITY- ST- ZIP	PANAMA CITY FL 32401	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U000000320598
CITY- ST- ZIP	04/21/05-80042-020 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:

Charles Alexander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-18-05

(850) 763-1399