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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1996

N14375

DOCUMENT #

1. Corporation Name INTER-CITY PRAYER BAND OUTREACH MINISTRIES. INC.

		EACH MINISTRIES, I							
Principal Place	of Business	Mailing Address							
C/O ADA J. R		C/O ADA J. REED							
760 WEST 7TH		1406 FLAGLER BLVD. LAKE PARK FL 33403							
RIVIERA BEAC	H FL 33404-7430	US	72133			3. Date Incorporated or Qualified 04/15/1986	3a. Dat	e of Last F 3/22/19	leport 95
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number 59-2745294			pplied For lot Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			···	5. Certificate of Status Desired		+	Additional
		27				3. Certificate of olatos booked			lequired
Oity & State		City & State			···	Election Campaign Financing Trust Fund Contribution		Added) May Be I to Fees
Zip	Country	Zip	-	intry		8. This corporation has liability for	intangible tax	cunders.	199.032,
4	25	29	30	r		Florida Statutes 10. Name and Address of New F			
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Hame and Routess of Now 1	iogisiores r		
DEED A	na i]]			-1-1		
reed, ada j. 760 west 7th street				82 Street Addr		ess (P.O. Box Number is Not Acceptat	DIe)		
	BEACH FL 33404			83					
DIVIEDA	BEACH FE 30404				-2			les Tie	Codo
				84	City		FL	65 Zip	Code
or rogintor	to the provisions of Sections 617.050 red agent, or both, in the State of Flo th, and accept the obligations of, Sec	rida. Such chance was autro	orized by the (ove-na corpoi	amed corpora ration's board	ation submits this statement for the pu d of directors. I hereby accept the app	urpose of char pointment as	nging its re registered	agent. I am
OLC'WATURE	Signature, typed or printed name of registered age	nt and title if applicable		d Agent	signature required	o when reinstating)	DATE	BIOCOTO	20 10 40
SIGNATURE	OFFICERS AF	ND DIRECTORS	13.		signature required	when reinstating ADDITIONS/CHANGES TO OF	FICERS AND		
SIGKATURE .	OFFICERS AF		13. 1.1 T	ITLE	signature required	when reinstating) ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
SIGKATURE 12. TITLE	PD REED, ADA J.	ND DIRECTORS	13. 1.1 T 1.2 N	ITLE IAME		when reinstating) ADDITIONS/CHANGES TO OF	FICERS AND		
SIGKATURE 12. TITLE NAME	PD REED, ADA J. 1406 FLAGLER BLVD.	ND DIRECTORS	13. 1.1 T 1.2 N 1.3 S	ITLE IAME STREET A	ADDRESS	when reinstating) ADDITIONS/CHANGES TO OF	FICERS AND		
SIGKATURE . 12. TITLE NAME SIREET ADDRESS CITY-ST-ZIP	PD REED, ADA J. 1406 FLAGLER BLVD. LAKE PARK FL	nd directors	13. 1.1 T 1.2 N 1.3 S 1.4 O	ITLE IAME STREET A	ADDRESS	s when reinstating) ADDITIONS/CHANGES TO OFI	FICERS AND		
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SIGNATURE 12. THE NAME SIREET ADDRESS GITY-ST-ZIP HILE NAME	PD REED, ADA J. 1406 FLAGLER BLVD. LAKE PARK FL VD PATTERSON, ARTHUR L.	nd directors	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N	ITLE IAME STREET A CITY - ST LITLE VAME	AODRESS - ZIP	; when reinstating) ADDITIONS/CHANGES TO OF	FICERS AND	Change	Addition
SIGNATURE 12. THE NAME SIREET ADDRESS CHY-SI-ZIP THE NAME STREET ADDRESS	PD REED, ADA J. 1406 FLAGLER BLVD. LAKE PARK FL VD PATTERSON, ARTHUR L. 440 W. 31ST STREET	nd directors	13. 1.17 1.2 M 1.3 S 1.4 C 2.1 T 2.2 M 2.3 S	ITLE IAME STREET A CITY - ST IITLE IAME STREET A	AODRESS - ZIP	i when reinstating) ADDITIONS/CHANGES TO OFI	FICERS AND	Change	Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARY OFFICER OR DIRECTOR

Pres./Dir.

March 5, 1996

(405) 848-3582