

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 10 1999 8:00 am  
Secretary of State

DOCUMENT # N14375 (2)

1. Corporation Name

INTER-CITY PRAYER BAND OUTREACH MINISTRIES, INC.

Principal Place of Business

C/O ADA J. REED  
760 WEST 7TH STREET  
RIVIERA BEACH FL 33404-7430

Mailing Address

C/O ADA J. REED  
1406 FLAGLER BLVD.  
LAKE PARK FL 33403-2155  
US

3. Date Incorporated or Qualified

04/15/1986

4. FEI Number

59-2745294

Applied For  
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REED, ADA J.  
760 WEST 7TH STREET  
RIVIERA BEACH FL 33404

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

ADA J. REED

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-9-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS REED, ADA J.  
CITY-ST-ZIP 1406 FLAGLER BLVD.  
LAKE PARK FL

TITLE ☐ DELETE

NAME VD  
STREET ADDRESS DICERKSON, JAMES P  
CITY-ST-ZIP 460 W 37TH STREET  
RIVIERA BEACH FL

TITLE ☐ DELETE

NAME DS  
STREET ADDRESS STRICKLAND, REGINA F  
CITY-ST-ZIP 1300 W 3RD STREET  
RIVIERA BEACH FL

TITLE ☐ DELETE

NAME TD  
STREET ADDRESS GRAHAM, VIVIAN E  
CITY-ST-ZIP 760 W 7TH STREET  
RIVIERA BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0040747

CR2E037 (10/97)