

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 19, 2000 8:00 am
Secretary of State

05-18-2000 90380 001 ****70.00

DOCUMENT # N14375

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2745294

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

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

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.

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 \$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 **PD** ☐ Delete
 NAME **REED, ADA J.**
 STREET ADDRESS **1406 FLAGLER BLVD.**
 CITY-ST-ZIP **LAKE PARK FL**

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

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

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

TITLE **DS** ☐ Delete
 NAME **LAWSON, SANDRA L**
 STREET ADDRESS **3901 38TH STREET, APT. 203-C**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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)(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 817, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 06/17/2000

6-13-00