## 2002 UNIFORM BUSINESS REPORT (UBR) FILED May 13, 2002 8:00 am § Secretary of State **DOCUMENT # N14375** INTER-CITY PRAYER BAND OUTREACH MINISTRIES, INC. 05-13-2002 90141 036 \*\*\*\*70 00 Principal Place of Business Mailing Address SADA J. REED C/O ADA J. REED WEST 7TH STREET 760 WEST 7TH STREET B0098415 RIVIERA BEACH FL 33404-7430 RIVIERA BEACH FL 33404-7430 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2745294 Zip Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name REED, ADA J. Street Address (P.O. Box Number is Not Acceptable) 760 WEST 7TH STREET RIVIERA BEACH FL 33404 Zip Code FL 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD ☐ Delete TITLE Change 9/01 NAME REED, ADA J. Addition NAME STREET ADDRESS 760 WEST 7TH STREET STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33404 CITY-ST-ZIP Delete VD TITLE ☐ Change **¥**1 Addition NAME HUNTER, CHARLES NAME REGINA F. STRICKLAND STREET ADDRESS 4278 D WOODSTOCK DRIVE STREET ADDRESS 925 MARTIN LUTHER KING BLVD CITY-ST-ZIP-WEST PALM BEACH FL-33409---CITY-ST-ZIP-+ 4 RIVIERA BEACH, FL 33404 ☐ Delete TITLE ☐ Change Addition NAME SHERROD, CHARLES NAME STREET ADDRESS 1243 WEST 25TH STREET STREET ADDRESS CITY-ST-ZIF WEST PALM BEACH FL 33404 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME

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 changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

☐ Change

Addition

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING DEPICER OF DIRECTOR

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING DEPICER OF DIRECTOR