

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

DOCUMENT # N14375

1. Entity Name

INTER-CITY PRAYER BAND OUTREACH MINISTRIES,  
INC.



**FILED  
May 04, 2005 8:00 am  
Secretary of State**

05-04-2005 90144 045 \*\*\*\*70.00

Principal Place of Business

C/O ADA J. REED  
66 EASTHAMPTON C  
CENTURY VILLAGE OF W.P.B.  
66 Easthampton "C"  
West Palm Beach, FL 33417

Mailing Address

ADA J. REED  
CENTURY VILLAGE OF W.P.B.  
66 Easthampton "C"  
West Palm Beach, FL 33417

2. Principal Place of Business

66 Easthampton "C"

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

4. FEI Number

59-2745294

Applied For

Not Applicable

Zip 33417

Country Palm Beach

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

REED, ADA J.  
Century Village Of West Palm Beach  
66 Easthampton C  
West Palm Beach, FL 33417

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 remitting)

DATE

FILE NOW: FEE IS \$61.25  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REED, ADA J. 66 EASTHAMPTON C WEST PALM BEACH FL 33417-1911	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STRICKLAND, REGINA F 925 MARTIN LUTHER KING BLVD RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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.

ADA J. REED, DIRECTOR

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/05

(561) 615-9662

Date

Daytime Phone #