


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

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

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

DOCUMENT # N14375

1. Entity Name
INTER-CITY PRAYER BAND OUTREACH MINISTRIES, INC.



Principal Place of Business Mailing Address

~~C/O ADA J. REED
789 WEST 7TH STREET
RAVIERA BEACH FL 33404-7438~~ ~~ADA J. REED~~ ~~WEST~~
66 Easthampton "C" **Century Village Of W.P.B.**
West Palm Beach, FL 33417 **66 Easthampton "C"**
West Palm Beach, FL 33417

2. Principal Place of Business 3. Mailing Address

66 Easthampton "C" Suite, Apt. #, etc.

Suite, Apt. #, etc.


City & State City & State

West Palm Beach, FL City & State

Zip Country Zip Country

33417 **Palm Beach** Zip Country

60001300



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For

59-2745294 **Not Applicable**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

**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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGINA STRICKLAND	
STREET ADDRESS	2220 Australian Avenue	
CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: ADA J. REED, DIRECTOR 4/30/05 (561) 615-9662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #