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Apr 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000910 (7)**

1. Corporation Name

**INTERNATIONAL INTERCESSORS' OF THE BODY OF CHRIS  
T MINISTRIES, INC.**

Principal Place of Business

Mailing Address

**4762 NW 168 TERR  
MIAMI FL 33055**

**4762 NW 168 TERR  
MIAMI FL 33055**



3. Date Incorporated or Qualified

**02/19/1996**

4. FEI Number

**65-0671799**

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**COOPER, EVELYN  
4762 NW 168 TERR  
MIAMI FL 33055**

10. Name and Address of New Registered Agent

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

*Evelyn Cooper*  
(NOTE: Registered Agent signature required when reinstating)

DATE

**4-15-98**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **TD  
COOPER, EVELYN**  
STREET ADDRESS **4762 NW 168 TERR**  
CITY- ST- ZIP **CAROL CITY FL**

TITLE ☐ DELETE

NAME **TS  
CARABALLO, YIRAYMA**  
STREET ADDRESS **4371 W 10 LN**  
CITY- ST- ZIP **HALEAH FL**

TITLE ☐ DELETE

NAME **TVP  
MYERS, MICHAEL**  
STREET ADDRESS **4767 NW 168 TERR**  
CITY- ST- ZIP **CAROL CITY FL 33055**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

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: *Evelyn Cooper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-1998/305/623-0509**  
Date Daytime Phone

CR2E037 (1097)