

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90192 008 \*\*\*\*61.25

**DOCUMENT # N96000000910**

1. Entity Name

INTERNATIONAL INTERCESSORS' OF THE BODY OF  
CHRIST MINISTRIES, INC.



Principal Place of Business

4410 NW 171 TER  
CAROL CITY FL 33055

Mailing Address

4410 NW 171 TER  
CAROL CITY FL 33055

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE FLA

Zip

32218

Country

DUVAL

City & State

JACKSONVILLE FLA

Zip

32218

Country

DUVAL

4. FEI Number

65-0671799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COOPER, EVELYN  
4762 NW 168 TERR  
MIAMI FL 33055

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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 rechartering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 TD  
NAME COOPER, EVELYN  
STREET ADDRESS 4762 NW 168 TERR  
CITY-ST-ZIP CAROL CITY FL 33055 ☐ Delete

TITLE TS  
NAME MYERS, YIRAYMA  
STREET ADDRESS 4371 W 10 LN  
CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Evelyn Cooper* EVELYN COOPER TD

4/20/06 9047574778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #