2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Apr 09, 2007 08:00 Al Secretary of State DOCUMENT # N9600000910 1. Entity Name INTERNATIONAL INTERCESSORS' OF THE BODY OF CHRIST MINISTRIES, INC. Principal Place of Business Mailing Address 10537 ASHBY ROAD 10537 ASHBY ROAD JACKSONVILLE FL 32218 JACKSONVILLE FL 32218 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) Applied For City & State City & State 4. FEI Number 65-0671799 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo COOPER, EVELYN Street Address (P.O. Box Number is Not Acceptable) 4762 NW 168 TERR **MIAMI FL 33055** Zip Code City 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 DATE (NOTE, Registered Agent signature required when terristating) Signature, typed or primed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition THE □ Delete HILE NAME U000000694581 COOPER, EVELYN STREET ADDRESS STREET ADDRESS 4762 NW 168 TERR 04/17/07-80025-013 61.25 CITY-ST-ZIP CITY-ST-ZIP CAROL CITY FL 33055 Change Addition ☐ Delete TITLE TITLE NAMI. MYERS, YIRAYMA NAME STREET ADDRESS STREET ADDRESS 4371 W 10 LN CITY-ST-ZIP CITY-ST-7IP HIALEAH FL 33012 _____ i Change Addition 7116 ☐ Delete HILE TVP NAME NAME MYERS, MICHAEL STELL ADDRESS STREET ADDRESS 4767 NW 168 TERR CITY-ST-ZIP CITY-ST-7IP CAROL CITY FL 33055 Addition THE ☐ Change ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - SI - 7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP ☐ Delete Change ☐ Addition TITLE HIRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I heroby cortify 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 eath; 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.

4.4.07