

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000000910

1. Entity Name

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



Principal Place of Business

10537 ASHBY ROAD
JACKSONVILLE FL 32218

Mailing Address

10537 ASHBY ROAD
JACKSONVILLE FL 32218

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
U000000876518
04/11/08-80077-001 61.25

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

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

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CITY- ST- ZIP

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

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* *March 28 08* *904777*