

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90009 050 ****61.25

DOCUMENT # N97000002142

1. Entity Name
THE INTERVENTION GROUP INC.



Principal Place of Business
**1805 N 6TH AVE
PENSACOLA, FL 32503 US**

Mailing Address
**1805 N 6TH AVE
PENSACOLA, FL 32503 US**

2. Principal Place of Business
17 W. Maxwell St.
Suite, Apt. #, etc.

3. Mailing Address
17 W Maxwell St
Suite, Apt. #, etc.

City & State
Pensacola FL
Zip
32501
Country
Escambia

City & State
Pensacola FL
Zip
32501
Country
Escambia

08272004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3443657
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SIMS, ANTHONY D
17 W MAXWELL ST.
PENSACOLA, FL 32501**

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 *Anthony D Sims* **Anthony D Sims** **9/7/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

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	D	<input checked="" type="checkbox"/> Delete
NAME	SIMS, ANTHONY D	
STREET ADDRESS	2002 FILLY ROAD	
CITY-ST-ZIP	CANTONMENT, FL 32533	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, RODNEY	
STREET ADDRESS	940 CREIGHTON ROAD	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANKLIN, FARROW	
STREET ADDRESS	1200 W GADSDEN STREET	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEELMAN, BILL	
STREET ADDRESS	1140 E NINE MILE RD	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL, WILLIAM H	
STREET ADDRESS	1803 E. SCOTT ST.	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, HERBERT	
STREET ADDRESS	6781 ROLLING HILLS RD	
CITY-ST-ZIP	PENSACOLA, FL 32505	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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: *Anthony D Sims* **Anthony D Sims** **9/7/04** **(850) 433-9712**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #