

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90060 046 \*\*\*\*61.25

0000322

**DOCUMENT N97000003772**

1. Entity Name

**INTERCHURCH COALITION FOR ACTION, RECONCILIATION**

Principal Place of Business

Mailing Address

**118 EAST MONROE  
 JACKSONVILLE FL 32202**

**118 EAST MONROE  
 JACKSONVILLE FL 32202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3332540**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROMWELL, PAUL  
 118 EAST MONROE  
 JACKSONVILLE FL 32202**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>PROCTOR, JAMES REV</b>	
STREET ADDRESS	<b>6910 NEW KINGS RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32219</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>FATHER WILLIS, TOM</b>	
STREET ADDRESS	<b>8523 NORMANDY BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32221</b>	
TITLE	<b>CSD</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, ROGER</b>	
STREET ADDRESS	<b>3648 CORONADO RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>WHITE, WALTER</b>	
STREET ADDRESS	<b>1458 W. 15TH ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32209</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>REV SOVERS, SAM</b>	
STREET ADDRESS	<b>3624 HOOVER LN</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32277</b>	
TITLE	<b>CS</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, LAURIE</b>	
STREET ADDRESS	<b>915 MIDDLETON RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32211</b>	

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
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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:** *Roger Williams* 1/1/01 772-2456  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)