

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-20-2002 90051 022 ****61.25

DOCUMENT # N97000003772

1. Entity Name

**INTERCHURCH COALITION FOR ACTION, RECONCILIATION
, AND EMPOWERMENT, INC.**

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 **CD** Delete
NAME **PROCTOR, JAMES REV**
STREET ADDRESS **6910 NEW KINGS RD**
CITY-ST-ZIP **JACKSONVILLE FL 32219**

TITLE **CD** Change Addition
NAME **VANESSA BOYEA**
STREET ADDRESS **12376 FISHERMAN'S WHARF CT.**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **CD** Delete
NAME **FATHER WILLIS, TOM**
STREET ADDRESS **8523 NORMANDY BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE **S** Change Addition
NAME **PHYLLIS JENKINS**
STREET ADDRESS **1983 COLLEGE STREET**
CITY-ST-ZIP **JACKSONVILLE, FL 32209**

TITLE **GGD** Delete
NAME **WILLIAMS, ROGER**
STREET ADDRESS **3648 CORONADO RD**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **TD** Change Addition
NAME **PAT CORBE**
STREET ADDRESS **1863 WOODMEAD DRIVE**
CITY-ST-ZIP **JACKSONVILLE FLORIDA 32210**

TITLE **T** Delete
NAME **WHITE, WALTER**
STREET ADDRESS **1458 W. 15TH ST**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE **T** Change Addition
NAME **JOJOI BAYANT**
STREET ADDRESS **4541 BLUE BERRY WOODS DR.**
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

TITLE **T** Delete
NAME **REV SOVERS, SAM**
STREET ADDRESS **3624 HOOVER LN**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **CD** Change Addition
NAME **REV SAM SOVERS**
STREET ADDRESS **3624 HOOVER LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **CS** Delete
NAME **JOHNSON, LAURIE**
STREET ADDRESS **915 MIDDLETON RD**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **S** Change Addition
NAME **KENTAY JONES**
STREET ADDRESS **7533 QUANTINA DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

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: *[Signature]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2002

Date

904-743-8879

Daytime Phone #

CR2037 (9/01)