2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003772

FILED Jul 05, 2007 Secretary of State

Entity Name: INTERCHURCH COALITION FOR ACTION, RECONCILIATION, AND EMPOWERMENT, INC.

Current Principal Place of Business: New Principal Place of Business: 118 EAST MONROE JACKSONVILLE, FL 32202 **Current Mailing Address: New Mailing Address:** 118 EAST MONROE JACKSONVILLE, FL 32202 FEI Number: 59-3332540 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SIEVERT-WAGNER, ROBERT 118 EAST MONROE JACKSONVILLE, FL 32202 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete GEORGIA, GASTON GEORGIA, GASTON Name: Name: 12301 KERNAN FORST BLVD, UNIT #1505 Address: 12301 KERNAN FORST BLVD, UNIT #1505 Address: City-St-Zip: JACKSONVILLE, LF 32225 City-St-Zip: JACKSONVILLE, FL 32225 Title: () Delete Title: () Change () Addition HAVENS, BRUCE DR Name: Name: Address: 431 N. UNIVERSITY BOULEVARD Address: City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: Title: () Delete Title: (X) Change () Addition CORBE, PATRICIA A Name: FLORES, TINA Name: 1863 WOODMERE DRIVE 11453 SEDGEMOORE DR. W. Address: Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: JACKSONVILLE, FL 32223 Title: () Delete Title: (X) Change () Addition GEORGE, BARNES JAMES, PROCTOR REV. Name: Name: Address: 4991 SOUTEL DRIVE Address: 11423 BRIDGES RD. City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: JACKSONVILLE, FL 32218 Title: () Delete Title: (X) Change () Addition WALKER, JOHN REV LAMAR, WILLIAM REV Name: Name: 4611 N. PEARL STREET 1231 TYLER ST. Address: Address: City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip: JACKSONVILLE, FL 32209 Title: () Delete Title: () Change (X) Addition MEISNER, PATRICIA Name: Name: 8195 CASSIE RD. Address: Address: JACKSONVILLE, FL 32221 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. BRUCE HAVENS P 07/05/2007