

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1999 2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSFILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90038 042 ****61.25

DOCUMENT # N97000004465

1. Corporation Name

"JERICO" INTER-FAITH MENTORING PROJECT OF BROWARD COUNTY, INC.

Principal Place of Business

20 NW 46TH AVE.
PLANTATION FL 33317

Mailing Address

20 NW 46TH AVE.
PLANTATION FL 33317

A0079209



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

08/04/1997

4. FEI Number

APPLIED FOR 65-0835456

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HODGES, PERRY W JR ESQ
644 SOUTHEAST 4TH AVENUE
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS	20 NORTHWEST 46TH AVENUE	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	POWELL, LENNOX	
STREET ADDRESS	2052 NORTHWEST 49TH AVENUE	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DICKSON, PERCY	
STREET ADDRESS	5115 NORTHWEST 49TH AVENUE	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	COX, JAMES	
STREET ADDRESS	3601 DAVIE BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	THOMPSON, RICK	
STREET ADDRESS	4000 N STATE ROAD 7 SUITE 407	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	S.	
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN W FLEMING	Retain
1.3 STREET ADDRESS	20 NW 46TH AVE	
1.4 CITY-ST-ZIP	Plantation, FL 33317	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RICK THOMPSON	Address
5.3 STREET ADDRESS	7841 TAFT ST	
5.4 CITY-ST-ZIP	Pembroke Pines, FL 33024	
6.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Sylvia Rego	
6.3 STREET ADDRESS	20 NW 46TH AVE	
6.4 CITY-ST-ZIP	Plantation, FL 33317	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Deborah Thompson, Director

9-15-00

(954) 583-0338

Date

Daytime Phone #

CR2E037 (1/198)