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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90222 026 \*\*\*\*61.25

DOCUMENT # N98000004919

1. Corporation Name

**INTERCESSORS' NETWORK OF MIAMI, INTERNATIONAL, INC.**

Principal Place of Business  
20451 NW 2ND AVE #106  
MIAMI FL 33169

Mailing Address  
P.O. BOX 694486  
MIAMI FL 33025



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/26/1998

4. FEI Number

65-0860635

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

SHAW, JOAN  
20451 NW 2ND AVE #106  
MIAMI FL 33169

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 D ☐ DELETE  
NAME SHAW, JOAN  
STREET ADDRESS 4930 SW 151 TERRACE  
CITY-ST-ZIP MIRAMAR FL 33027

TITLE D ☐ DELETE  
NAME CLARKE, HELGA  
STREET ADDRESS 395 NE 154 STREET  
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE D ☒ DELETE  
NAME MINCEY, JUANITA  
STREET ADDRESS 13720 NW 22ND AVENUE  
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE D ☐ DELETE  
NAME SCARBOROUGH, PEGGY  
STREET ADDRESS 20451 NW 2ND AVENUE  
CITY-ST-ZIP MIAMI FL 33169

TITLE D ☐ DELETE  
NAME COOPER, PAUL  
STREET ADDRESS 20451 NW 2ND AVENUE  
CITY-ST-ZIP MIAMI FL 33169

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME Director  
3.3 STREET ADDRESS Carol McKenny  
3.4 CITY-ST-ZIP 7172 Pembroke Rd. Miramar FL 33025

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99 (954) 436-7993

CR2E037 (11/98)