

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000009931

**Entity Name:** INTERVENE MINISTRIES INC.

**Current Principal Place of Business:**

83 GENEVA DR  
UNIT 622682  
OVIEDO, FL 32765

**FILED**  
**Jan 29, 2023**  
**Secretary of State**  
**4773513362CC**

**Current Mailing Address:**

83 GENEVA DR  
UNIT 622682  
OVIEDO, FL 32765 US

**FEI Number: 84-3158722**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DUKE, JULIE  
83 GENEVA DR  
UNIT 622682  
OVIEDO, FL 32765 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

**Officer/Director Detail :**

Title P  
Name DUKE, BRADY  
Address 398 PALM DR  
City-State-Zip: OVIEDO FL 32765

Title TS  
Name DUKE, JULIE  
Address 398 PALM DR  
City-State-Zip: OVIEDO FL 32765

Title D  
Name ILLINGWORTH, BLAIR  
Address 398 PALM DR  
City-State-Zip: OVIEDO FL 32765

Title D  
Name SLATTEN, BLAKE  
Address 398 PALM DR  
City-State-Zip: OVIEDO FL 32765

Title D  
Name SOUTHWARD, JOHN  
Address 398 PALM DRIVE  
City-State-Zip: OVIEDO FL 32765

*I hereby 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 all other like empowered.*

**SIGNATURE: DUKE, BRADY**

**PRESIDENT**

**01/29/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date