

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000003772

**FILED**  
**Jan 20, 2017**  
**Secretary of State**  
**CC9989216210**

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

**Current Principal Place of Business:**

2650 PARK ST.  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

2650 PARK ST.  
JACKSONVILLE, FL 32204

**FEI Number: 59-3332540**

**Certificate of Status Desired: Yes**

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

POWELL, KRISTIN D  
2650 PARK ST.  
JACKSONVILLE, FL 32204 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: KRISTIN D POWELL**

**01/20/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BABER, PHILLIP  
Address 7405 ARLINGTON EXPY  
City-State-Zip: JACKSONVILLE FL 32211

Title P  
Name PITTMAN, GENEVA  
Address 6910 NEW KINGS RD  
City-State-Zip: JACKSONVILLE FL 32219

Title TREASURER  
Name SMITH, MINNIE  
Address 3026 WOODLAWN ROAD  
City-State-Zip: JACKSONVILLE FL 32209

Title S  
Name CHRISTIANSEN, KENNETH  
Address 8447 MANRESA AVE  
City-State-Zip: JACKSONVILLE FL 32244

Title VP  
Name ROBINSON, DEBORAH  
Address 10325 INTERSTATE CENTER DR  
City-State-Zip: JACKSONVILLE FL 32218

*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: PHILLIP BABER**

**COPRESIDENT**

**01/20/2017**

Electronic Signature of Signing Officer/Director Detail

Date