


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90023 024 ****70.00

DOCUMENT # N0100000526
 1. Entity Name
INTERNATIONAL CHRISTIAN DEVELOPMENT MISSION, INC.



Principal Place of Business
**4107 BAYKAL CT
 KISSIMMEE, FL 34746**

Mailing Address
**PO BOX 762
 INTERCESSION CITY, FL 33848**

50055276



07012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3693278	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**PIERRE, YVAN
 4107 BAYKAL CT
 KISSIMMEE, FL 34746**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARRA, YVAN PIERRE YVAN 4107 BAYKAL CT KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRA, ARTURO 4107 BAYKAL CT KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COIL, MELVIN 4107 BAYKAL CT KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  _____
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 _____
Date Daytime Phone #