FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT #

N28268

(3)

KENDALL CHRISTIAN CENTER NICX

INTERNATIONAL OUTREACH CENTER, INC.

INTERNATIONAL COLL	EACH CENTER, INC.	
Principal Place of Business	Mailing Address	
12811 SW 134TH COURT MIAMI FL 33186	12811 SW 134TH COURT MIAMI FL 33186 US	



	110												
	us us					 Date Incorporated or Qualified 09/09/1988 			3a. Date of Last Report 04/26/1995				
2.	2. Principal Place of Business			2a. Mailing Address				4. FEI Number	Applied For				
21	<u>n</u>			26				65-0091894	Not Applicable				
22	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired	K) 5	8.75 Additional Fee Required				
23	City & State			City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees				
24	Zıp	Country 25	29	Zip	Countr	у		8. This corporation has liability for In Florida Statutes	tangible tax ui Yes 🎇 No	•			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent							
					8	١	Name			-			
VEGA, DAVID 13616 SW 112TH LANE				82	2	Street Address (P.O. Box Number is Not Acceptable) 6537 S.W. 135th AVENUE							
MIAMI FL 33186			8	83									
					84	4	City MIAMI		FL	33183			
4 -	Durewant to the proviet	one of Sections 617 0602 c	nd 61	7 1500 Florida Statutor	e the chouse	-	amed carparati	on eultmite this statement for the nurs	and of changi	na the registered office			

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.

tamiliar wi	th, and accept the obligations of, Section 617.05	103, Florida Statut	0 S.				
SIGNATURE	Signature, typod or printed name of registered agent and title if app	icable. (NOTE: Registered Agent signature re	quired when reinstating)	D/	ATE	
12.	OFFICERS AND DIRECTO		13.		HANGES TO OFFICERS	AND DIRECTO	RS IN 12
TiTLE	PD	DELETE	1.1 TITLE			XX Change	Addition
NAME	VEGA, DAVID		1.2 NAME				
STREET ADDRESS	13423 SW 101 LANE		1.3 STREET ADDRESS	6537 S.W.	135TH AVE	NUE	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI FL	33183		
TITLE	D	DELETE	2.1 TITLE	S/D	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	CRESPO, DEMETRIUS		2.2 NAME	•			
STREET ADDRESS	3300 PEMBROKE ROAD ROUT 17		2.3 STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP				
TITLE	-SD	DELETE	3.1 TITLE	D		☐ Change	XX Addition
NAME	TJON DON KIEM, MARCEL		3.2 NAME	GARY STEVI	E MONOKIAN		
STREET ADDRESS	-4341-SW-155-CT		3.3 STREET ADDRESS	15526 S.W.	. 111TH TER	RRACE	
CITY-ST-ZIP	-MIAMI-FL		3.4. CITY-ST-ZIP	MIAMI FL	33196		
TITLE	7	DELETE	4.1 TITLE			Change	Addition
NAME	SNIDER, KAROLEA K		4. 2 NAME				
STREET ADDRESS	8600 SW 133 AVE RD APT 111		4.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	700	ing to an a	C 4 74	
TITLE		DELETE	5.1 TITLE	_05/c	1 <mark>001802</mark> 11/9601017-	Change	Addition
NAME			5.2 NAME	***76		020	
STREET ADDRESS			5.3 STREET ADDRESS	<u> ጥጥጥ ነ</u> ር	J. UU		
CITY-ST-ZIP			5.4 CITY-ST-ZIP				λ
TITLE		DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				6,
STREET ADDRESS			6.3 STREET ADDRESS				\ \ \
CITY-ST-ZIP			6.4 CITY-ST-ZIP				/ 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 directer 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRISED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 (305)238-1016