

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **N93000005509 (5)**
1. Corporation Name

95 FEB -1 PM 2:00

INTERNATIONAL CHRISTIAN CENTER, INC.

Principal Place of Business

Mailing Address

8004 N.W. 28TH PLACE
SUNRISE FL 33322

PO BOX 451987
SUNRISE FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/30/1993**
3a. Date of Last Report: **04/22/1994**

4. FEI Number: **65-0455253**
Applied For: Not Applicable:

2. Principal Place of Business
21 **922 NE 62nd ST.**
26 Suite, Apt. #, etc.

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

22
27 Suite, Apt. #, etc.

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

23 City & State: **Oakland Park, FL**
28 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

24 Zip: **33334** 25 Country: **Broward**
29 Zip: Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REYES, EMILIO A
8004 NW 28TH PLACE
SUNRISE FL 33322

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Emilio A. Reyes* **Emilio A. Reyes** **1/26/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **PD**
NAME: **REYES, EMILIO A**
STREET ADDRESS: **8004 NW 28TH PLACE**
CITY-ST-ZIP: **SUNRISE FL 33322**

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

TITLE: **TD**
NAME: **CALZADILLA, CARMEN**
STREET ADDRESS: **4795 SUGAR PINE DR.**
CITY-ST-ZIP: **BOCA RATON FL 33487**

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

TITLE: **SD**
NAME: **SUAZO, SUZANA**
STREET ADDRESS: **3550 BLUE LAKE DR.**
CITY-ST-ZIP: **POMPANO BEACH FL 33064**

3.1 TITLE: Change Addition
3.2 NAME: **SD Leguizamón, Iraida**
3.3 STREET ADDRESS: **7929 NW 3rd. Place**
3.4 CITY-ST-ZIP: **Margate, FL 33063**

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

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

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

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

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

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

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 110.07(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 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.

SIGNATURE: *Emilio A. Reyes* **Emilio A. Reyes** **1/26/95** **305-351-0550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #