

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/9/2007-90053-013-\$61.25-\$61.25

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N93000005509 1. Entity Name INTERNATIONAL CHRISTIAN CENTER, INC.					
Principal Place of Business 2414 W. OAKLAND PARK BLVD OAKLAND PARK, FL 33311 US			Mailing Address PO BOX 5726 FT LAUDERDALE, FL 33310 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07262007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0455253	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MURPHY, ADELO REV 12477 GUILFORD WAY WELLINGTON, FL 33414			7. Name and Address of New Registered Agent Name <u>BRUGUERA HAMLET</u> Street Address (P.O. Box Number if Not Acceptable) <u>1601 NE 51 ST</u> City <u>FORT LAUDERDALE FL</u> Zip Code <u>33334</u>		
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 <u>Hamlet Bruguera</u> <small>Signature, typed or printed name of registered agent and state, applicable. (NOTE: Registered Agent signature required when re-registering)</small>			DATE <u>7/26/07</u>		
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, ADELO REV. 12477 GUILFORD WAY WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEL TORO JOEL 2414 W OAKLAND PARK BLVD. OAKLAND PARK FL 33311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRUGUERA, HAMLET 1601 N.E. 51ST STREET FORT LAUDERDALE, FL 33334	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEYRA, HENRY 7390 N.W. 4TH STREET APT. 303 PLANTATION, FL 33317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAZO, GUSTAVO 390 NW 24 COURT POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERA, MANNY 16234 N.W. 17TH COURT PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVAS, PURA 2628 N.W. 57TH TERRACE MARGATE, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Joel Del Toro</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>8/30/07</u> <small>Date</small>		
<small>Daytime Phone #</small>					