2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005567

FILED Apr 27, 2004 Secretary of State

Entity Name: INTERNATIONAL BIBLE CENTER-BROWARD ASSEMBLIES OF GOD, INC.

Current Principal Place of Business: New Principal Place of Business: 2129 N. COMMERCE PARKWAY WESTON, FL 33326 **Current Mailing Address: New Mailing Address:** 2129 N. COMMERCE PARKWAY WESTON, FL 33326 FEI Number: 65-0956605 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOMEZ, RAFAEL E 4042 PÉPPERTREE DRIVE WESTON, FL 33331 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition GOMEZ, RAFAEL P GOMEZ, RAFAEL P Name: Name: 140 S.W. 117TH AVENUE, #308 Address: 4042 PEPPERTREE DRIVE Address: City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: WESTON, FL 33332 Title: TMD Title: (X) Change () Addition () Delete SMIT, JULIETA Name: SMIT, JULIETA Name: Address: 6030 NW 186 STREET, APT 101 Address: 6030 NW 186 STREET, APT 101 City-St-Zip: MIAMI, FL 33015 City-St-Zip: MIAMI, FL 33015 Title: VMD () Delete Title: VMD (X) Change () Addition GOMEZ, RAFAEL E GOMEZ, RAFAEL E Name: Name: 140 S.W. 117TH AVENUE, #308 4042 PEPPERTREE DRIVE Address: Address: City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: WESTON, FL 33332 Title: SMD () Delete Title: () Change () Addition MEJIA, JOSE É Name: Name: 7030 NW 179 STREET, APT 109 Address: Address: City-St-Zip: MIAMI, FL 33015 City-St-Zip: Title: () Delete Title: TMD () Change (X) Addition ROMERO, JAIRO H Name: Name: 19070 NW 57TH AVENUE, APT. 102 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RAFAEL E. GOMEZ VMD 04/27/2004