

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000005451

**FILED**  
**Apr 27, 2014**  
**Secretary of State**  
**CC5164524486**

**Entity Name:** INTERNATIONAL HEALTH AND CULTURAL DEVELOPMENT CENTER INC.

**Current Principal Place of Business:**

5924 ITHACA CIRCLE WEST  
LAKE WORTH, FL 33463

**Current Mailing Address:**

5924 ITHACA CIRCLE WEST  
LAKE WORTH, FL 33463

**FEI Number: 46-2880300**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MILORD, DORA  
5924 ITHACA CIRCLE WEST  
LAKE WORTH, FL 33463 US

*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

**Officer/Director Detail :**

Title P  
Name MILORD, DORA  
Address 5924 ITHACA CIRCLE WEST  
City-State-Zip: LAKE WORTH FL 33463

Title VP  
Name BENJAMIN, DELVAR  
Address 216 LAKE ARBOR DR  
City-State-Zip: PALM SPRINGS FL 33461

Title T  
Name MILORD, HARLEY  
Address 5880 TRIPHAMMER RD  
City-State-Zip: LAKE WORTH FL 33463

Title S  
Name DOR, NERLINE  
Address 1936 NW 75TH WAY  
City-State-Zip: HOLLYWOOD FL 33024

Title D  
Name MOMPRESIER, RODOLPH  
Address 5924 ITHACA CIRCLE WEST  
City-State-Zip: LAKE WORTH FL 33463

*I hereby 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 all other like empowered.*

**SIGNATURE: DORA MILORD**

**PRESIDENT**

**04/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date