DOCUMENT# N13000005451
Entity Name: INTERNATIONAL HEALTH AND CULTURAL DEVELOPMENT CENTER INC.
Current Principal Place of Business:

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

5924 ITHACA CIRCLE WEST LAKE WORTH, FL 33463

Current Mailing Address:

5924 ITHACA CIRCLE WEST LAKE WORTH, FL 33463

FEI Number: 46-2880300

Name and Address of Current Registered Agent:

MILORD, DORA 5924 ITHACA CIRCLE WEST LAKE WORTH, FL 33463 US Certificate of Status Desired: No

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

Officer/Director Detail :

Title	Р	Title	VP	
Name	MILORD, DORA	Name	BENJAMIN, DELVAR	
Address	5924 ITHACA CIRCLE WEST	Address	216 LAKE ARBOR DR	
City-State-Zip:	LAKE WORTH FL 33463	City-State-Zip:	PALM SPRINGS FL 33461	
Title	т	Title	S	
Name	MILORD, HARLEY	Name	DOR, NERLINE	
Address	5880 TRIPHAMMER RD	Address	1936 NW 75TH WAY	
City-State-Zip:	LAKE WORTH FL 33463	City-State-Zip:	HOLLYWOOD FL 33024	
Title	D			
Name	MOMPREMIER, 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

Date

Electronic Signature of Signing Officer/Director Detail

Date