

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 760082 1. Entity Name INTERNATIONAL CHRISTIAN FELLOWSHIP MINISTRY, INC.	
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Principal Place of Business 1131 ALABAMA AVE. 1 FORT LAUDERDALE, FL 33312 US	Mailing Address PO BOX 100636 FORT LAUDERDALE, FL 33310 US
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DO NOT WRITE IN THIS SPACE



04042006 No Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2216659	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HYPPOLITE, FRANCINOR
1131 ALABAMA AVE.
FT LAUDERDALE, FL 33312

**DO NOT WRITE
IN THIS SPACE**

2. 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 _____ (NOTE: Registered Agent signature required when re-registering)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	3. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO HYPPOLITE, FRANCINOR REV 1140 NW 30TH AVE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HYPPOLITE, SYLVAIN 1140 NW 30TH AVE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LORIMORE, PAUL 1140 NW 30TH AVE FT. LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HYPPOLITE, MARIE O. 1140 NW 30TH AVE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/25/06-80042-013 61.25

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:  **4/4/06 954-791-5712**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #