2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008
Secretary of State

DOCUMENT# 760082

Entity Name: INTERNATIONAL CHRISTIAN MINISTRY, INC.

Current Principal Place of Business:

1131 ALABAMA AVE.
1
FORT LAUDERDALE, FL 33312 US

New Principal Place of Business:

1131 ALABAMA AVE.
FORT LAUDERDALE, FL 33312 US

Current Mailing Address:

PO BOX 100636
FORT LAUDERDALE, FL 33310 US

New Mailing Address:

FEI Number: 59-2216659 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: HYPPOLITE, FRANCINOR, REV
Address: 1140 NW 30TH AVE
City-St-Zip: FT LAUDERDALE, FL

Title: VD ( ) Delete
Name: HYPPOLITE, SYLVAIN,
Address: 1140 NW 30TH AVE
City-St-Zip: FT LAUDERDALE, FL .,

Title: TD ( ) Delete
Name: LORIMORE, PAUL
Address: 1140 NW 30TH AVE
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: SD ( ) Delete
Name: HYPPOLITE, MARIE O.,
Address: 1140 NW 30TH AVE
City-St-Zip: FT LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FRANCINOR HYPPOLITE P/D 04/01/2008

Electronic Signature of Signing Officer or Director — Date