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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770287

(1)

FILED
Jun 11 1998 8:00am
Secretary of State

INTER	NATIONAL CHRISTIAN CHI	JRCH, INC.			8/ 8/8/ 8/8/ 8/8/ 8/8/ 1/8/
Principal Plac	ce of Business	Mailing Address		T TOBBIT TOBITE TOBITE OBEITO TIENT TEITH TOBIT BIRTH BY	BIO BIONI DI DIÈ WICH DIBIN HOU
431 KENTWOOD AVE (SANFORD.32771) P.O. BOX 950458 LAKE MARY FL 32795		431 KENTWOOD AVE (SANFORD.32771) P.O. BOX 950458 LAKE MARY FL 32795		3. Date Incorporated or Qualified 09/19/1983 4. FEI Number	
				59-2469803	Applied For Not Applicable
2. Principal Place of Business		28. Mailing Address			\$8.75 Additional
21		26 P.O.BOX 950458		5. Certificate of Status Desired	Fee Required
Sulte, Apt #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22		27		Trust Fund Contribution	Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?	
Zip Country		28 LAKE MARZY, FL Zip Country		Yes No	
24	25	29 32795	30 U.S.A.	This corporation owes or has paid the cu Personal Property Tax due June 30.	rrent year Intangible ☐ Yes ☐ No
[5-7]	9. Name and Address of Curre		30 0 0 0 1 1	10. Name and Address of New Registered	
			81 Name		
MIKLER, L. BOURDEAU			62 Street Add	dress (P.O. Box Number is Not Acceptable)	
431 KENTWOOD AVENUE			UZ Sireer Add	diess (F.O. Box Number is Not Acceptable)	
SANFORD FL 32771			83		
]			84 City		85 Zip Code
				FL	. 1 1 1
11. Pursuant office or r	to the provisions of Sections 617.050 registered agent, or both, in the State	02 and 617.1508, Florida Statute of Florida, Such change was a	es, the above-named cor	poration submits this statement for the purpose o ation's board of directors. I hereby accept the app	changing its registered
agent La	im familiar with, and accept the oblig	ations of, Section 617.0503, Flo	orida Statutes.	and it a board of directors. Thereby accept the app	Miniment as registered
SIGNATURE					
12,	Signature, typed or printed name of registered ag	ont and title if applicable. (NOTI ID DIRECTORS	Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
THILE	DP OF THE PARTY	DELETE	1.1 TITLE	NODITIONS/OF MINDES TO OF TOLEND AND	Change Addition
NAME	MIKLER, WILLIAM PAUL		1.2 NAME		
STREET ADDRESS	431 KENTWOOD AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	\$ANFORD FL		1.4 CITY-ST-ZIP		
TITLE	Ō	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Mikler, L. Bourdeau		2.2 NAME		
STREET ADORESS	431 KENTWOOD AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHADWELL, JIM		3.2 NAME		
STREET ADDRESS	887 TIMBERPOND DR		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	BRANDON FL	DELETE	3.4. CITY-ST-ZIP		Change Laddit-
NAME :		F" DETEUE	4.1 TITLE		Change Addition
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		1
CITY-ST-ZIP					
TITLE	<u></u>	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		_	5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

4. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, of on an altachment with an address.

CIONATURE.

The LA DOLLA MALLON

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407-321-801