


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 13, 1999 8:00 am
Secretary of State

08-13-1999 90015 028 ****70.00

| | | | | | |
|---|--|---|--|--|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 770287 | | | | | |
| 1. Corporation Name INTERNATIONAL CHRISTIAN CHURCH, INC. | | | | | |
| Principal Place of Business 431 KENTWOOD AVE (SANFORD, 32771) P.O. BOX 950458 LAKE MARY FL 32795 | | | Mailing Address P O BOX 950458 P.O. BOX 950458 LAKE MARY FL 32795 US | | |



| | | | | | |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 09/19/1983 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 59-2469803 | |
| 22 City & State | | 27 City & State | | Applied For <input type="checkbox"/> Not Applicable | |
| 23 Zip | | 28 Zip | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| Country | | Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | | 25 | | 29 | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| MIKLER, L. BOURDEAU 431 KENTWOOD AVENUE SANFORD FL 32771 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City FL 85 Zip Code | | | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|----------------------|---------------------------------|--|---|---|--|--|
| TITLE | DP | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MIKLER, WILLIAM PAUL | | | 1.2 NAME | | | |
| STREET ADDRESS | 431 KENTWOOD AVE | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | SANFORD FL | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MIKLER, L. BOURDEAU | | | 2.2 NAME | | | |
| STREET ADDRESS | 431 KENTWOOD AVE | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | SANFORD FL | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | CHADWELL, JIM | | | 3.2 NAME | | | |
| STREET ADDRESS | 887 TIMBERPOND DR | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | BRANDON FL | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

14. I hereby certify that the information supplied with this filing 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)