

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005217

FILED  
Jun 17, 2009  
Secretary of State

**Entity Name:** INTER-CONTINENTAL MINISTRIES/INTER-CONTINENTAL UNIVERSITY, INC.

**Current Principal Place of Business:**

2125 O STREET  
MERCED, CA 95340

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3979  
MERCED, CA 953441979

**New Mailing Address:**

**FEI Number:** 95-4044278      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PITTMAN, PHYLLIS  
252 AVENUE E.  
PORT ST. JOE, FL 32456      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: PC ( ) Delete  
Name: MICHAELSON, EDWARD N PH.D  
Address: 3611 E. OLIVE AVE  
City-St-Zip: MERCED, CA 95340

Title: VVC ( ) Delete  
Name: MICHAELSON, PEGGY L PH.D.  
Address: 3611 E. OLIVE AVE  
City-St-Zip: MERCED, CA 95340

Title: SD ( ) Delete  
Name: THOMAS, KEVIN A D.MIN.  
Address: 711 ARBOLEDA DR.  
City-St-Zip: MERCED, CA 95340

Title: TD ( ) Delete  
Name: THOMAS, MELINDA F D.MIN.  
Address: 711ARBOLEDA DR.  
City-St-Zip: MERCED, CA 95340

Title: C ( ) Delete  
Name: MICHAELSON, EDWARD N PH.D  
Address: 3611 E. OLIVE AVE  
City-St-Zip: MERCED, CA 95340

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SD (X) Change ( ) Addition  
Name: THOMAS, KEVIN A D.MIN.  
Address: 711 NORTH ARBOLEDA DR.  
City-St-Zip: MERCED, CA 95340

Title: TD (X) Change ( ) Addition  
Name: THOMAS, MELINDA F D.MIN.  
Address: 711 NORTH ARBOLEDA DR.  
City-St-Zip: MERCED, CA 95340

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: MELINDA F THOMAS

TD

06/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date