

4/30

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

04-30-2001 90333 047 ****70.00

DOCUMENT # N00000005690

1. Entity Name

INTERNATIONAL COALITION OF CHRISTIAN MISSIONARIE

Principal Place of Business

450 NORTHWEST 82ND STREET
MIAMI FL 33150

Mailing Address

450 NORTHWEST 82ND STREET
MIAMI FL 33150

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1035014

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PIERCE, RUBENS REV.	
STREET ADDRESS	450 NORTHWEST 82ND STREET	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LADOUCEUR, JEAN ROBERT REV.	
STREET ADDRESS	450 NORTHWEST 82ND STREET	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OPONT, ROBERT REV.	
STREET ADDRESS	450 NORTHWEST 82ND STREET	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DORISCAR, CHIMISTE REV.	
STREET ADDRESS	450 NORTHWEST 82ND STREET	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMAS, GESNER REV.	
STREET ADDRESS	450 NORTHWEST 82ND STREET	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIERCE, RUBENS REV.	
STREET ADDRESS	450 N.W. 82nd Street	
CITY-ST-ZIP	MIAMI, FL. 33150	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 my address, with all other like empowered.

SIGNATURE:

[Signature] **GESNER THOMAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

954 956 8533

Daytime Phone #

CRCE037 (10/00)