

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005690

1. Entity Name

INTERNATIONAL COALITION OF CHRISTIAN MISSIONARIE  
S/COALITION INTERNATIONALE DES MISSIONNAIRES CHR

Principal Place of Business

Mailing Address

450 NORTHWEST 82ND STREET  
MIAMI FL 33150

450 NORTHWEST 82ND STREET  
MIAMI FL 33150

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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 reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS LADOUCEUR, JEAN ROBERT REV.  
CITY-ST-ZIP 450 NORTHWEST 82ND STREET  
MIAMI FL 33150

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS OPONT, ROBERT REV.  
CITY-ST-ZIP 450 NORTHWEST 82ND STREET  
MIAMI FL 33150

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS DORISCAR, CHIMISTE REV.  
CITY-ST-ZIP 450 NORTHWEST 82ND STREET  
MIAMI FL 33150

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS THOMAS, GESNER REV.  
CITY-ST-ZIP 450 NORTHWEST 82ND STREET  
MIAMI FL 33150

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS PIERRE, RUBENS REV  
CITY-ST-ZIP 450 N.W. 82ND ST.  
MIAMI FL 33150

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Rev. Rubens Pierre

02/06/02

305-653-5575

CR2E037 (9/01)

FILED  
Feb 26, 2002 8:00 am  
Secretary of State

02-26-2002 90029 027 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE