2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003
Secretary of State

DOCUMENT# N01000002761

Entity Name: INTERNATIONAL BOARD OF CHRISTIAN CLINICAL THERAPISTS, INC.

Current Principal Place of Business:

10691 N. KENDALL DR., SUITE 312
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

10691 N. KENDALL DR., SUITE 312
MIAMI, FL 33176

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCIA, MARIO
15432 SW 97TH TERR.
MIAMI, FL 33196

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: PD ( ) Delete
Name: GARCIA, MARIO
Address: 15432 SW 97TH TERR.
City-St-Zip: MIAMI, FL 33196

Title: SD ( ) Delete
Name: GARCIA, WANDA
Address: 15432 SW 97TH TERR.
City-St-Zip: MIAMI, FL 33196

Title: D ( ) Delete
Name: CLIFFORD, JO
Address: 3405 SW COLLEGE RD.#203
City-St-Zip: OCALA, FL 34474

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D ( ) Change (X) Addition
Name: MILLS, BRETT DR.
Address: PO BOX 1234
City-St-Zip: CHINA GROVE, NC 28023

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARIO GARCIA PD 03/07/2003

Electronic Signature of Signing Officer or Director — Date