2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004745

FILED Aug 15, 2004 Secretary of State

Entity Name: THE INTERNATIONAL CHARITY FOR OUR CHILDREN, INC.

Current Pr	incipal Place of Business:	New Principal Place	New Principal Place of Business:	
	NEFIELD DRIVE , FL 32826			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
	NEFIELD DRIVE , FL 32826			
FEI Number:	FEI Number Applied For()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
HORSMAN 3549 STON ORLANDO	ÝEFIELD DRIVE			
The above in the State	named entity submits this statement for the p of Florida.	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:				
	Electronic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete HORSMAN, ANSEL C 3549 STONEFIELD DRIVE ORLANDO, FL 32826	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete HORSMAN, IRYNA Y 3549 STONEFIELD DRIVE ORLANDO, FL 32826	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete HORSMAN, BEN T 2908 ROTHE LANE INDIANAPOLIS, IN 46229	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete HORSMAN, STEPHEN J 3557 KING EDWARD WAY BEAVER CREEK, OH 45431	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CHM () Delete ROEMER, JAMES 2929 SOUTH HOLF ROAD INDIANAPOLIS, IN 46241	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete BOTTAMILLER, DON 9800 GRAY ROAD INDIANAPOLIS, IN 46237	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ANSEL HORSMAN P 08/15/2004