
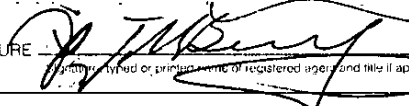
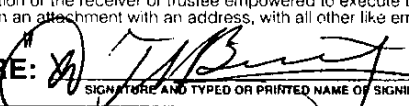


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90310 017 \*\*\*\*61.25

<b>DOCUMENT # N04000007858</b> 1. Entity Name <b>INDIGENT CHRISTIAN MISSIONARY CHURCH OF CHRIST, INC.</b>					
Principal Place of Business <b>1965 BARY DRIVE STE 2</b> <b>MIAMI BCH, FL 33141</b>			Mailing Address <b>1965 BARY DRIVE STE 2</b> <b>MIAMI BCH, FL 33141</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>1965 BARY DRIVE</b> City & State <b>MIAMI BEACH, FLORIDA</b> Zip <b>33141</b>			3. Mailing Address Suite, Apt. #, etc. <b>Suite 2</b> City & State <b>MIAMI BEACH, FLORIDA</b> Zip <b>33141</b>		
Country <b>USA</b>			4. FEI Number <b>020728945</b>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent  <b>BENJAMIN, JEAN MICHEL</b> <b>1965 BARY DRIVE STE 2</b> <b>MIAMI BCH, FL 33141</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  (NOTE: Registered Agent signature required when: nonstatutory) DATE:					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BENJAMIN, JEAN MICHEL</b> <b>1965 BARY DRIVE STE 2</b> <b>MIAMI BCH, FL 33141</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 BARS. <b>BENJAMIN JEAN MICHEL</b> <b>1965 BARY DRIVE SUITE 2</b> <b>MIAMI BEACH, FL 33141</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PIERRE, JOHN</b> <b>14795 NE 18 AVE APT 101</b> <b>N MIAMI, FL 33181</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BENJAMIN, ERNST</b> <b>20236 SW 124 PL</b> <b>S MIAMI, FL 33177</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> 			Date: <b>04-15-05</b> 305 3038661 Daytime Phone #		

50036934



04152005 Chg-NP CR2E037 (10/03)