

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004023

FILED
May 16, 2007
Secretary of State

Entity Name: INT'L CHRISTIAN MARTIAL ARTS ASSOCIATION INC

Current Principal Place of Business:

4911 COCONUT CREEK PARKWAY
COCONUT CREEK, FL 33063

New Principal Place of Business:

Current Mailing Address:

4799 COCONUT CREEK PARKWAY
#147
COCONUT CREEK, FL 33063

New Mailing Address:

FEI Number: 20-4597404 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILES, JERRY
4911 COCONUT CREEK PARKWAY
COCONUT CREEK, FL 33063 US

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: P () Delete
Name: WILES, JERRY
Address: 4799 COCONUT CREEK PARKWAY #147
City-St-Zip: COCONUT CREEK, FL 33063

Title: VP () Delete
Name: BARLETTA, LUCIANNO
Address: 4799 COCONUT CREEK PARKWAY #147
City-St-Zip: COCONUT CREEK, FL 33063

Title: SEC () Delete
Name: GIBERT, DAN
Address: 4799 COCONUT CREEK PARKWAY #147
City-St-Zip: COCONUT CREEK, FL 33063

Title: TRES () Delete
Name: WOLFE, PAT
Address: 4799 COCONUT CREEK PARKWAY #147
City-St-Zip: COCONUT CREEK, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC (X) Change () Addition
Name: WILES, DIANE
Address: 4799 COCONUT CREEK PARKWAY #147
City-St-Zip: COCONUT CREEK, FL 33063

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PAT WOLFE

TRES

05/16/2007

Electronic Signature of Signing Officer or Director

Date