

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Sep 01, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N93000004110

1. Entity Name  
INTERNATIONAL CHURCH OF CHRIST, INC.



Principal Place of Business  
1718 N. GOLDENROD RD.  
SUITE 3  
ORLANDO, FL 32807 US

Mailing Address  
711 HEATON AVE NW  
PALM BAY, FL 32907

**DO NOT WRITE IN THIS SPACE**

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08292004 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
59-3204983

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HINES, DEWAYNE  
1316 32ND ST. WEST  
BRADENTON, FL 34205

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PS  
HINES, J T  
711 HEATON AVE NW  
PALM BAY, FL 32907

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
HINES, SARA  
711 HEATON AVE NW  
PALM BAY, FL 32907

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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09/01/04-80005-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-2-04

Date

321-354-4615

Daytime Phone #