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Mar 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000005509 (5)

1. Corporation Name  
INTERNATIONAL CHRISTIAN CENTER, INC.



Principal Place of Business Mailing Address  
922 NE 62ND ST PO BOX 451987  
OAKLAND PARK FL 33334 SUNRISE FL 33345-1987  
US

3. Date Incorporated or Qualified 11/30/1993  
3a. Date of Last Report 03/16/1996

2. Principal Place of Business 2a. Mailing Address  
21 2414 W. Oakland Park Blvd. 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Oakland Park, Florida 28  
Zip Country 29 Zip Country  
24 33311 25 29 30

4. FEI Number 65-0455253 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
REYES, EMILIO A  
8004 NW 28TH PLACE  
SUNRISE FL 33322

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE *Emilio A. Reyes* *Emilio A. Reyes - President* 2/12/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD REYES, EMILIO A 8004 NW 28TH PLACE SUNRISE FL 33322	1.1 TITLE	President PD Reyes, Emilio A. 8004 NW 28 Pl. Sunrise, FL 33322
NAME	TD PINERO, AWILDA 801 NE 32 CT. POMPANO BEACH FL 33064	1.2 NAME	Treasurer TD Pino, Awilda 801 NE 32 ct. Pompano Beach, FL 33064
STREET ADDRESS	SD OLMEDO, CARMEN L 6496 NW 78 DRIVE PARKLAND FL 33067	1.3 STREET ADDRESS	Secretary Montes De Oca, Mariliana 5100 NE 14 Terrace Ft. Lauderdale, FL 33334
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Emilio A. Reyes* **REQUIRED** 2/12/97 954-747-0960  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037765

CR2E037 (9/96)