

FILE NOW: FILING FEE IS \$61.25

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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90063 010 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

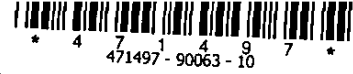


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000005509

1. Corporation Name

INTERNATIONAL CHRISTIAN CENTER, INC.



Principal Place of Business
 2414 W. OAKLAND PARK BLVD
 OAKLAND PARK FL 33311
 US

Mailing Address
 2414 W OAKLAND PARK BLVD
 OAKLAND PARK FL 33311
 US



2. Principal Place of Business 21 SAME		2a. Mailing Address 26 SAME		3. Date Incorporated or Qualified 11/30/1993	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0455253	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		Zip 29	
Country 25		Country 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent DEJESUS, JOSEPH R 5300 SW 7TH COURT MARGATE FL 33068				10. Name and Address of New Registered Agent			
81 Name				REV. Joseph DeJesus			
82 Street Address (P.O. Box Number is Not Acceptable)				929 W. MAPLE			
83							
84 City		N. LAUDERDALE		85 Zip Code		FL 33068	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEJESUS, JOSEPH	1.2 NAME	DEJESUS, Joseph
STREET ADDRESS	5300 SW 7TH COURT	1.3 STREET ADDRESS	929 W. Maple
CITY-ST-ZIP	MARGATE FL 33068	1.4 CITY-ST-ZIP	N. LAUDERDALE FL 33068
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINERO, AWILDA	2.2 NAME	Yvette VERA
STREET ADDRESS	801 NE 32 CT.	2.3 STREET ADDRESS	16234 NW 17th Court
CITY-ST-ZIP	POMPANO BEACH FL 33064	2.4 CITY-ST-ZIP	Pembroke Pines FL 33028
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTES DE OCA, MARILIANA	3.2 NAME	Lydia Rodriguez
STREET ADDRESS	5100 NE 14 TERRACE	3.3 STREET ADDRESS	5060 NE 6th AVE
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33334
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Joseph DeJesus **SIGNATURE REQUIRED** 4/28/99 954 979-0696

CR2E037 (1/98)