2000 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2000 8:00 am Secretary of State DOCUMENT # **N93000005509** 1. Entity Name INTERNATIONAL CHRISTIAN CENTER, INC. 05-02-2000 90014 011 ****61.25 Mailing Address Principal Place of Business 2414 W OAKLAND PARK BLVD 2414 W. OAKLAND PARK BLVD OAKLAND PARK FL 33311 OAKLAND PARK FL 33311-1424 2. Principal Place of Business Mailing Address P.O. Box Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0455253 Not Applicable Broway & Zip \$8.75 Additional 5. Certificate of Status Desired -152 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Rev. Emilio A. Reyes Street Address (P.O. Box Number is Not Acceptable) DEJESUS, JOSEPH REV 929 W. HAPLE X HAPLE N LAUDERDALE FL 33068 The above name antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida ident Rev. Emilio A. Reyes (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (66/6) PD ☐ Addition Delete TITLE Rev. Emilio A. Reyes DEJESUS, JOSEPH NAME 8004 NW 28 PLACE AISINGEÇŞ 929 W. MAPLE STREET ADDRESS Sunvise, &c 33322 CITY-ST-ZIP ST ZIP N. LAUDERDALE FL 33068 TD Delete TITLE Doris Agosto 5320 NW 887h NAME vera, yvette 88Th Avenue Apt. 203, Bldg C. STREET ADDRESS 16234 NW 17TH COURT Landerhill, FL 33351 ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33028 TR ☐ Delete TITLE Lydia llodry RODRIGUEZ, LYDIA NAME STREET ADDRESS 50602 NE 6TH AVE CITY-ST-ZIP ST-ZIP FT. LAUDERDALE FL 33334 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS · · Kfunicies CITY-ST-ZIP ST ZIP ☐ Change ☐ Addition Delete TITLE NAME ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIF

TITLE NAME

ST ZIP

ST-ZIP

AUMORÇE

☐ Delete

Change

☐ Addition