

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N94000001664

1. Entity Name  
INTERNATIONAL CHURCH DEVELOPMENT, INC.



Principal Place of Business  
11169 MONET LANE  
PALM BEACH GARDENS, FL 33410

Mailing Address  
11169 MONET LANE  
PALM BEACH GARDENS, FL 33410



01082004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0490634

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LOWERY, A T  
11169 MONET LANE  
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME LOWERY, A T  
STREET ADDRESS 11169 MONET LANE  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE VD  
NAME SUMMERS, LUKE  
STREET ADDRESS 500 EXE. CENTER DRIVE STE. 2-A  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE STD  
NAME LOWERY, IMOGENE  
STREET ADDRESS 11169 MONET LANE  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE VP  
NAME LLOYD, CLIFTON  
STREET ADDRESS 5018 SUNSET BLVD  
CITY-ST-ZIP FORT PIERCE, FL 349827140

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000005340  
01/15/04-80006-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: A T Lowery 1-12-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #