

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 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**



01082006 No Chg-NP CR2E037 (11/05)

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

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 May 1, 2006

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000384326
01/17/06-80006-020 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

1-02-06 561622 825

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR