


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 10, 2007 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	
DO NOT WRITE IN THIS SPACE		
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) U00000581594 01/10/07-80094-002 61.25 DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		
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: <i>A. T. Lowery</i> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-08-07 561-622-8625 _____ Date Daytime Phone #		