

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N97000002225 (7)**

1. Corporation Name

INTERNATIONAL MISSIONARY CHRISTIAN CENTER INC.



Principal Place of Business

Mailing Address

**320 REFLECTIONS CIRCLE #207
CASSELBERRY FL 32707**

**320 REFLECTIONS CIRCLE #207
CASSELBERRY FL 32707**

3. Date Incorporated or Qualified

04/21/1997

4. FEJ Number

59-3444660

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 3700 Howell Branch Rd
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

City & State

City & State

23 Winter Park, FL

27 P.O. Box 1826 Goldenrod FL

Zip

Country

Zip

Country

24 32792

25 USA

29 32733

30 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DELMONTE, FELIX
320 REFLECTIONS CIRCLE #207
CASSELBERRY FL 32707**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D DELMONTE, FELIX**
STREET ADDRESS **320 REFLECTIONS CIRCLE #207**
CITY-ST-ZIP **CASSELBERRY FL 32707**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D DELMONTE, IRENE**
STREET ADDRESS **320 REFLECTIONS CIRCLE #207**
CITY-ST-ZIP **CASSELBERRY FL 32707**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME **D ROSADO, FRANCIS**
STREET ADDRESS **1296 CROW WAY DRIVE 6-214**
CITY-ST-ZIP **CASSELBERRY FL 32707**

3.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME **~~CARLOS GARAY~~**
STREET ADDRESS **~~P.O. Box 1684~~**
CITY-ST-ZIP **~~Goldenrod, FL 32733-1684~~**

4.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME **~~ROSA M. GARAY~~**
STREET ADDRESS **~~P.O. Box 1684~~**
CITY-ST-ZIP **~~Goldenrod, FL 32733-1684~~**

5.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME **~~ROSA M. GARAY~~**
STREET ADDRESS **~~P.O. Box 1684~~**
CITY-ST-ZIP **~~Goldenrod, FL 32733-1684~~**

6.1 TITLE ☐ Change ☒ Addition

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.

SIGNATURE: **Felix Delmonte**

4/12/98 (107) 673-3704

CR2E037 (10/97)