

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90290 014 ****61.25

DOCUMENT # N97000002225

1. Corporation Name

INTERNATIONAL MISSIONARY CHRISTIAN CENTER INC.

Principal Place of Business

3700 HOWELL BRANCH RD
WINTER PARK FL 32792
US

Mailing Address

P. O. BOX 1826
GOLDENROD FL 32733
US



2. Principal Place of Business

21 7205 SILVER PLAGE

Suite, Apt. #, etc.

22

City & State

23 Winter Park, FL

Zip

24 32792

Country

25 Seminole

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

04/21/1997

4. FEI Number

59-3444660

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DELMONTE, FELIX
320 REFLECTIONS CIRCLE #207
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS ☐ DELETE

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

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

TITLE D
NAME GARAY, CARLOS
STREET ADDRESS P. O. BOX 1684 N/A
CITY-ST-ZIP GOLDENROD FL 32733

TITLE T
NAME GARAY, ROSA M.
STREET ADDRESS P. O. BOX 1684 N/A
CITY-ST-ZIP GOLDENROD FL 32733

TITLE T
NAME CORADA, GABRIEL
STREET ADDRESS 834-E JAMESTOWN DR
CITY-ST-ZIP WINTER PARK FL 32792

TITLE T
NAME CORADA, MARIANGIE
STREET ADDRESS 834-E JAMESTOWN DR
CITY-ST-ZIP WINTER PARK FL 32792

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Signature Required Carlos Garay (Trustee) 4/17/99 1-888-815-9418
Date Daytime Phone #

CR2E037-(11/98)