2000 UNIFORM BUSINESS REPORT (UBR)

6/

FILED
Jul 05, 2000 8:00 am
Secretary of State
06-02-2000 90019 036 ****70.00

DOCUMENT # N97000002225

1. Entity Name

INTERNATIONAL MISSIONARY CHRISTIAN CENTER INC.

Principal Place of Business	Mailing Address
7205 SILVER PL WINTER PARK FL 32792 US	P. O. BOX 1826 GOLDENROD FL 32733-1826 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1544 Seminola Blvd.	P.O. Box 1826
Suite, Apt. #, etc.: 108	Suite, Apt. #, etc.:
City & State: Casselberry, Florida	City & State: Goldenrod, Florida
Zip: 32708 Country: Seminole	Zip: 32733-1826 Country: Seminole

4. FEI Number: 59-3444660 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DELMONTE, FELIX 320 REFLECTIONS CIRCLE #207 CASSELBERRY FL 32707	Name: Garay, Carlos Street Address (P.O. Box Number is Not Acceptable): 7205 Silver Place City: Winter Park FL Zip Code: 32792

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.

SIGNATURE: Carlos Garay Carlos Garay 5/16/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELMONTE, FELIX 320 REFLECTIONS CIRCLE #207 CASSELBERRY FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D P Delmonte, Felix 2102 Winebago Trail Fern Park, FL 32730	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELMONTE, IRENE 320 REFLECTIONS CIRCLE #207 CASSELBERRY FL 32707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D V Huitz, Santiago 1651 Semoran North Circle #101 Winter Park, FL 32792	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARAY, CARLOS P. O. BOX 1684 N/A GOLDENROD FL 32733	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Corada, Mariangie 834-E Jamestown Blvd Winter Park, FL 32792	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GARAY, ROSA M. P. O. BOX 1684 N/A GOLDENROD FL 32733	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Garay, Rosa M. P.O. Box 1684 Goldenrod, FL 32733-1684	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CORADA, GABRIEL 834-E JAMESTOWN DR WINTER PARK FL 32792	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Garay, Carlos P.O. Box 1684 Goldenrod, FL 32792	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CORADA, MARIANGIE 834-E JAMESTOWN DR WINTER PARK FL 32792	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 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: ORIGINAL SIGNED Carlos Garay 5/16/00 407-672-2105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #