

DOCUMENT # N97000002225

1. Entity Name

INTERNATIONAL MISSIONARY CHRISTIAN CENTER INC.

Principal Place of Business

1544 SEMINOLE BLVD
108
WINTER SPRINGS FL 32708
US

Mailing Address

P. O. BOX 1826
GOLDENROD FL 32733
US

2. Principal Place of Business

1544 Seminola Blvd.

3. Mailing Address

Suite, Apt. #, etc.

108

Suite, Apt. #, etc.

City & State

Casselberry, Florida

City & State

4. FEI Number

59-3444660

Applied For

Not Applicable

5. Certificate of Status Desired

NON PROFIT

\$8.75 Additional
Fee Required

Zip

32708-3642

Country

U.S.

Zip

Country

6. Name and Address of Current Registered Agent

GARAY, CARLOS
7205 SILVER PLACE
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name GARAY, CARLOS

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

2030 KEWANNEE TRAIL

City CASSELBERRY

FL

Zip Code

32707

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 (Secretary)

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/01

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DELMONTE, FELIX	
STREET ADDRESS	320 REFLECTIONS CIRCLE #207	
CITY-ST-ZIP	CASSELBERRY FL 32707	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DELMONTE, IRENE	
STREET ADDRESS	320 REFLECTIONS CIRCLE #207	
CITY-ST-ZIP	CASSELBERRY FL 32707	

TITLE	D	<input type="checkbox"/> Delete
NAME	GARAY, CARLOS	
STREET ADDRESS	P. O. BOX 1684 N/A	
CITY-ST-ZIP	GOLDENROD FL 32733	

TITLE	T	<input type="checkbox"/> Delete
NAME	GARAY, ROSA M.	
STREET ADDRESS	P. O. BOX 1684 N/A	
CITY-ST-ZIP	GOLDENROD FL 32733	

TITLE	T	<input type="checkbox"/> Delete
NAME	CORADA, GABRIEL	
STREET ADDRESS	834-E JAMESTOWN DR	
CITY-ST-ZIP	WINTER PARK FL 32792	

TITLE	T	<input type="checkbox"/> Delete
NAME	CORADA, MARIANGIE	
STREET ADDRESS	834-E JAMESTOWN DR	
CITY-ST-ZIP	WINTER PARK FL 32792	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELMONTE, FELIX	
STREET ADDRESS	2102 WINEBAGO TRAIL	
CITY-ST-ZIP	WINTER PARK, FL 32730	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUITZ, SANTIAGO	
STREET ADDRESS	10812 SCEPTER DRIVE	
CITY-ST-ZIP	OMAHA, FL 32817	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/01

Date

407-332-

Daytime Phone #

CR2E037 (10/00)

00225

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90066 001 ****70.00



DO NOT WRITE IN THIS SPACE