

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002225

1. Entity Name

INTERNATIONAL MISSIONARY CHRISTIAN CENTER INC.

FILED

Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90043 014 ****70.00

Principal Place of Business

Mailing Address

1544 SEMINOLE BLVD
108
CASSELBERRY FL 32708
US

P. O. BOX 1826
GOLDENROD FL 32733
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3444660

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

NON PROFIT

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARAY, CARLOS
2030 KEWANNEE TRAIL
CASSELBERRY FL 32707

Name

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

City

FL

Zip Code

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

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 ☐ Delete
NAME D
STREET ADDRESS DELMONTE, FELIX
CITY-ST-ZIP 2102 WINEBAGO TRAIL
CASSELBERRY FL 32730

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME D
STREET ADDRESS HUITZ, SANTIAGO
CITY-ST-ZIP 10812 SCEPTER DRIVE
ORLANDO FL 32817

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Delmonte, Irene
CITY-ST-ZIP 2102 Winebago Trail
CASSELBERRY FL 32730

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME T
STREET ADDRESS Corada, Gabriel
CITY-ST-ZIP 1057 MANIGAN AV.
Oviedo, FL 32765

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

TITLE ☒ Change ☐ Addition
NAME T
STREET ADDRESS Corada, Mariangie
CITY-ST-ZIP 1057 MANIGAN AV.
Oviedo, FL 32765

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)