

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002225

**FILED**  
**Jul 05, 2004**  
**Secretary of State****Entity Name:** INTERNATIONAL MISSIONARY CHRISTIAN CENTER INC.**Current Principal Place of Business:**1544 SEMINOLE BLVD  
108  
CASSELBERRY, FL 32708 US**New Principal Place of Business:**1498 TUSKAWILLA RD  
OVIEDO, FL 32765 US**Current Mailing Address:**P. O. BOX 1826  
GOLDENROD, FL 32733 US**New Mailing Address:****FEI Number:** 59-3444660      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**GARAY, CARLOS  
2030 KEWANNEE TRAIL  
CASSELBERRY, FL 32707**Name and Address of New Registered Agent:**GABRIEL, CORADA  
1057 MANIGAN AVE.  
OVIEDO, FL 32765

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: GABRIEL CORADA

07/05/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D ( ) Delete  
**Name:** DELMONTE, FELIX  
**Address:** 839 NONA STONE RUN  
**City-St-Zip:** CASSELBERRY, FL 32707**Title:** D ( ) Delete  
**Name:** DELMONTE, IRENE  
**Address:** 879 NONA STONE RUN  
**City-St-Zip:** CASSELBERRY, FL 32707**Title:** D ( ) Delete  
**Name:** GARAY, CARLOS  
**Address:** P. O. BOX 1684 N/A  
**City-St-Zip:** GOLDENROD, FL 32733**Title:** T ( ) Delete  
**Name:** GARAY, ROSA M.  
**Address:** P. O. BOX 1684 N/A  
**City-St-Zip:** GOLDENROD, FL 32733**Title:** T ( ) Delete  
**Name:** CORADA, GABRIEL  
**Address:** 1057 MAIGAN AV.  
**City-St-Zip:** OVIEDO, FL 32765**Title:** T ( ) Delete  
**Name:** CORADA, MARIANGIE  
**Address:** 1057 MAIGAN AV.  
**City-St-Zip:** OVIEDO, FL 32765**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIEL CORADA

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07/05/2004

Electronic Signature of Signing Officer or Director

Date