2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005
Secretary of State

DOCUMENT# N97000002225

Entity Name: INTERNATIONAL MISSIONARY CHRISTIAN CENTER INC.

Current Principal Place of Business:

1498 TUSKAWILLA RD
OVIEDO, FL 32765 US

New Principal Place of Business:

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 ( )**

Name and Address of Current Registered Agent:

GABRIEL, CORADA
1057 MANIGAN AVE.
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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: _____

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	(X) Delete
Name:	GARAY, CARLOS	
Address:	P. O. BOX 1684 N/A	
City-St-Zip:	GOLDENROD, FL 32733	
Title:	T	(X) 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 T 03/16/2005

Electronic Signature of Signing Officer or Director — Date