

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 25, 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: 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

Title: () Delete
Name:
Address:
City-St-Zip:

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: O () Change (X) Addition
Name: LEAL, AIDA G
Address: 879 NONA STONE RUN
City-St-Zip: CASSELBERRY, FL 32707

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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04/25/2005

Electronic Signature of Signing Officer or Director

Date