

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002225

FILED  
Apr 23, 2006  
Secretary of State

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: O (X) Change ( ) Addition  
Name: DELMONTE, IRENE  
Address: 879 NONA STONE RUN  
City-St-Zip: CASSELBERRY, FL 32707

Title: O (X) Change ( ) Addition  
Name: CORADA, GABRIEL  
Address: 1057 MAIGAN AV.  
City-St-Zip: OVIEDO, FL 32765

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 Chapter 119, 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

O

04/23/2006

Electronic Signature of Signing Officer or Director

Date