

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90203 011 ****70.00

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1. Entity Name

INTERNATIONAL MISSIONARY CHRISTIAN CENTER INC.



Principal Place of Business

**1544 SEMINOLE BLVD
108
CASSELBERRY FL 32708
US**

Mailing Address

**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

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3444660**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$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. I am familiar with, and accept the obligations of registered agent.

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
Florida 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 **D**
STREET ADDRESS **Delmonte, Felix**
CITY-ST-ZIP **879 Nona Stone Run
Casselberry, FL 32707**

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

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Delmonte, Irene**
CITY-ST-ZIP **879 Nona Stone Run
Casselberry, FL 32707**

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 **1057 MAIGAN AV.
OVIEDO FL 32765**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **CORADA, MARIANGIE**
CITY-ST-ZIP **1057 MAIGAN AV.
OVIEDO FL 32765**

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

12. I hereby certify that the information supplied with this filing does not qualify 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 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 REQUIRED

4/21/03 407-332-5390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)