

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000000497



1. Entity Name

INTERNATIONAL CHRISTIAN SERVICES, INC.

Principal Place of Business

802 LAKEVIEW RD.
CLEARWATER FL 33756

Mailing Address

802 LAKEVIEW RD.
CLEARWATER FL 33756

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0825298

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

MACINTOSH, SHERRY
2146 SOCIETY DR
HOLIDAY FL 34691

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
Due By May 1, 2005

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 NAME STREET ADDRESS CITY - ST - ZIP	DP MACINTOSH, SHERRY 2146 SOCIETY DR HOLIDAY FL 34691	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MCLAIN, BARBARA 3659 ROLANDO DR. PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MACINTOSH, DAVID 2146 SOCIETY DR HOLIDAY FL 34691	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT HEIER, PAUL PO BOX 655 TARPON SPRINGS FL 34688	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000318124 04/20/05-80046-013 61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report of 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: *Sherry Macintosh Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05

Date

727-505-6936

Daytime Phone #