


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90220 010 ****61.25

DOCUMENT # N99000000240 1. Entity Name INDEPENDENT CHRISTIAN ALLIANCE MINISTRIES, INC.					
Principal Place of Business 87 COTE PLACE 22 CARREFOUR WEST WI, W.I. HA			Mailing Address 2648 HAVANA DR MIRAMAR, FL 33023		
2. Principal Place of Business <i>The same as above</i>			3. Mailing Address <i>The same as above</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0903229	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LOUIS, ANDRE J DR 2648 HAVANA DR MIRAMAR, FL 33023				7. Name and Address of New Registered Agent Name <i>Marjorie Thevenin</i> Street Address (P.O. Box Number is Not Acceptable) <i>17520 NW 11th St</i> City <i>Miami</i> FL Zip Code <i>33169</i>	
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 <i>Marjorie Thevenin</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>4-13-05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD LOUIS, ANDRE J DR. 2648 HAVANA DR MIRAMAR, FL 33023		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ALTIDOR, PAULMER 719 EXECUTIVE DRIVE, APT 212 WEST PALM BEACH, FL 33401		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Estavien Joseph 1750 NW 11th St, Miami, FL 33167 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VERDIEU PLAISIME, JOSEPH 405 SW 13TH PLACE, APT. 106 DEERFIELD BEACH, FL 33441		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Marjorie Thevenin see address above <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GISLAINE, LOUIS M 2648 HAVANA DR MIRAMAR, FL 33023		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Delete		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)(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: Andre J. Louis <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>04/01/05</i> Daytime Phone # <i>954-983-6338</i>		