

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

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90115 045 ****75.00

DOCUMENT #

1. Entity Name

N99000000 240



INDEPENDENT Christian Alliance Ministries Inc.

DO NOT WRITE IN THIS SPACE

20016380

2. Principal Place of Business

2648 Havana DR, Miramar

3. Mailing Address

2648 Havana DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miramar, FL

City & State

4. FEI Number

65-090-3229

Applied For

Not Applicable

Zip

33023

Country

USA

Zip

Country

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Andre J. Louis

Street Address (P.O. Box Number is Not Acceptable)

2648 Havana Dr.

City

Miramar

FL

Zip Code

33023

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President/Director
LOUIS, Andre J. DR.
2648 Havana DR, Miramar, FL 33023

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Jean Baptiste, Serge
14520 NE-16th Ave., N. Miami, FL 33161

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Thevenin, Marjorie
17520 NW-11th Ave., Miami, FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
LOUIS, Gislaine M.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
LOUIS, Gislaine M.
2648 Havana DR, Miramar, FL 33023

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Andre J. Louis

March 2, 2006

CR2E037B (12/02)