


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2007 8:00 am
Secretary of State

07-20-2007 90017 007 ****75.00

DOCUMENT # N99000000240		
1. Entity Name INDEPENDENT CHRISTIAN ALLIANCE MINISTRIES, INC.		

Principal Place of Business 2648 HAVANA DR HOLLYWOOD, FL 33023	Mailing Address 2648 HAVANA DR HOLLYWOOD, FL 33023
--	--



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06052007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0903229	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LOUIS, ANDRE J 2648 HAVANA DR HOLLYWOOD, FL 33023		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$61.25
Due by September 14, 2007**

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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOUIS, ANDRE J DR.			NAME			
STREET ADDRESS	2648 HAVANA DR			STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR, FL 33023			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JEAN BAPTISTE, SERGE			NAME			
STREET ADDRESS	14520 NE 16TH AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33161			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THEVENIN, MARJORIE			NAME			
STREET ADDRESS	17520 NW 11TH AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33169			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOUIS, GISLAINE M			NAME			
STREET ADDRESS	2648 HAVANA DR			STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR, FL 33023			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOUIS, GISLAINE M			NAME			
STREET ADDRESS	2648 HAVANA DR			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33023			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____