

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000007316

Entity Name: INTERNATIONAL NETWORK OF CREATIVES INC.

Current Principal Place of Business:

INTERNATIONAL NETWORK OF CREATIVES INC
365 5TH AVENUE SOUTH
NAPLES, FL 34102

Current Mailing Address:

INTERNATIONAL NETWORK OF CREATIVES INC
365 5TH AVENUE SOUTH
NAPLES, FL 34102 US

FEI Number: 46-0715738

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GOEDE & ADAMCZYK, PLLC
C/O STEVEN J ADAMCZYK, ESQ,
8950 FONTANA DEL SOL WAY STE 100
NAPLES, FL 34109 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name BARNETT, WILLIAM
Address INTERNATIONAL NETWORK OF
 CREATIVES INC
 405 5TH AVENUE SOUTH SUITE 7M
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name MEYER, ROBERT
Address INTERNATIONAL NETWORK OF
 CREATIVES INC
 405 5TH AVENUE SOUTH SUITE 7M
City-State-Zip: NAPLES FL 34102

Title TREASURER
Name ADJEI, AKWETE DR.
Address INTERNATIONAL NETWORK OF
 CREATIVES INC
 405 5TH AVENUE SOUTH SUITE 7M
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name SESSO, CAROL
Address INTERNATIONAL NETWORK OF
 CREATIVES INC
 405 5TH AVENUE SOUTH SUITE 7M
City-State-Zip: NAPLES FL 34102

Title CHAIRMAN
Name PETTERSON, ROBERT A
Address INTERNATIONAL NETWORK OF
 CREATIVES INC
 405 5TH AVENUE SOUTH SUITE 7M
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name RAYMOND, ELIN
Address INTERNATIONAL NETWORK OF
 CREATIVES INC
 405 5TH AVENUE SOUTH SUITE 7M
City-State-Zip: NAPLES FL 34102

Title SECRETARY
Name WILBANKS, CARL
Address INTERNATIONAL NETWORK OF
 CREATIVES INC
 405 5TH AVENUE SOUTH SUITE 7M
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name FAUX, JEFFREY
Address INTERNATIONAL NETWORK OF
 CREATIVES INC
 405 5TH AVENUE SOUTH SUITE 7M
City-State-Zip: NAPLES FL 34102

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM S. BARNETT

PRESIDENT

01/25/2024

