

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000008525

Entity Name: IN TOUCH WITH COMMUNITIES AROUND THE WORLD, INC.**Current Principal Place of Business:**1111 18TH AVE S
ST. PETERSBURG, FL 33705**Current Mailing Address:**P.O. BOX 35424
ST. PETERSBURG, FL 33705 US**FEI Number:** 46-0918503**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HARRIS, ALEXANDER O
1111 18TH AVE S
ST. PETERSBURG, FL 33705 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 CEO
Name HARRIS, ALEXANDER O
Address 8626 MIRAMAR TERRACE CIRCLE
City-State-Zip: TAMPA FL 33637

Title SECRETARY
Name HARRIS, NORMAN
Address 402 E 7TH AVE.
City-State-Zip: TAMPA FL 33637

Title CHAIRMAN
Name SYMES, DUSTIN
Address 7824 BROADMOOR PINES BLVD
City-State-Zip: SARASOTA FL 34243

Title DIRECTOR
Name BERSSET, DEREK
Address 1 BEACH DRIVE
2ND FLOOR
City-State-Zip: ST. PETERSBURG FL 33701

Title PRESIDENT, CFO
Name MURPHY, HERBERT SR.
Address 1380 KILLIE COURT
APT 104
City-State-Zip: DUNEDIN FL 34698

Title PAST CHAIRMAN
Name REILLY, SHELIA
Address 8301 TALLAHASSEE DR. NE
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR
Name GIACALONE, MARIA
Address 1715 N. WESTSHORE BLVD.
STE. 260
City-State-Zip: TAMPA FL 33607

Title TREASURER
Name TIM, MALKIEWICZ
Address 3234 HERON PL
City-State-Zip: CLEARWATER FL 33762

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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: HERBERT MURPHY**PRESIDENT****04/16/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VC
Name TAYLOR, LORNA
Address 607 WEST BAY STREET
City-State-Zip: TAMPA FL 33606

Title DIRECTOR
Name TATE, FRAN
Address 3405 CLAY STREET
City-State-Zip: TAMPA FL 33605