

2021 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 CHAIRMAN
Name SYMES, DUSTIN J
Address 1423 SE DELAWARE AVE
City-State-Zip: BARTLESVILLE OK 74003

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

Title DIRECTOR
Name HERRMANN, JERRY
Address 4030 BOY SCOUT BLVD
900
City-State-Zip: TAMPA FL 33607

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

Title DIRECTOR
Name GIACALONE, MARIA
Address 8424 STILLBROOK AVE
City-State-Zip: TAMPA FL 33615

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

Title DIRECTOR
Name GOVINDARAJU, SANTOSH
Address 4923 W CYPRESS STREET
City-State-Zip: TAMPA FL 33607

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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: ALEXANDER HARRIS**CEO****04/29/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name AYO, CRISTINA ESQ.
Address 707 28TH AVENUE NORTH
City-State-Zip: ST. PETERSBURG FL 33704

Title VC
Name FULBRIGHT, VALERIE
Address 700 CENTRAL AVE
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR
Name SPRAGUE, ERIN
Address 2502 NORTH ROCKY POINT DRIVE,
 SUITE 400
City-State-Zip: TAMPA FL 33607