### **2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000002068

Entity Name: INTERNATIONAL HOMICIDE INVESTIGATORS ASSOCIATION,

INC.

FILED
Jan 16, 2018
Secretary of State
CC8723858049

#### **Current Principal Place of Business:**

1409 REGENCY CIRCLE HARRISBURG, PA 17110

## **Current Mailing Address:**

PO BOX 5507

TAMPA, FL 33675-5507 US

FEI Number: 42-1322075 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

MARINO, PAUL J ESQ 13300 INDIAN ROCKS ROAD #1404 LARGO, FL 33774 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:

TitleDTitlePRESIDENTNameCORRADO, MICHAELNameBELLI, PAUL

Address 461 NORTH CHEW ROAD Address 4510 ORANGE GROVE AVENUE

City-State-Zip: HAMMONTON NJ 08037 City-State-Zip: SACRAMENTO CA 95841

Title VP Title CFO

Name LOWERY, ROBERT G JR Name LEWIS, STEVE

Address 699 PRINCE STREET Address 2008 EAST 8TH AVENUE

City-State-Zip: ALEXANDRIA VA 22314 City-State-Zip: TAMPA FL 33605

Title S Title D

NameKOKA, WAYNENameBURAS, STEPHEN VAddress1 RANGE ROADAddress3300 METAIRIE ROADCity-State-Zip:QUANTICO VA 22135City-State-Zip: METAIRIE LA 70001

Title D Title VP

Name FAGAN, TIMOTHY Name ESTEBAN, GREGORY M
Address 1700 NORTH HOGHWAY 67 Address 349 KAPIOLANI STREET

City-State-Zip: FLORISSANT MO 63031 City-State-Zip: HILO HI 96720

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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: STEVEN J. LEWIS

**CFO** 

01/16/2018

# Officer/Director Detail Continued:

Title D Title

Name RAUCH, JOSEPH M Name BLAIR, R.MICHAEL

Address 2711-15 ATLANTIC AVENUE Address 2224 NORTH FALKENBURG ROAD

D

City-State-Zip: ATLANTIC CITY NJ 08401 City-State-Zip: TAMPA FL 33619

Title SOUTHERN REGIONAL DIRECTOR

Name LEBID, DAVID

Address 14750 SIX MILE CYPRESS PARKWAY

City-State-Zip: FORT MYERS FL 33912