

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000002068

FILED
Mar 09, 2020
Secretary of State
1904448360CC

Entity Name: INTERNATIONAL HOMICIDE INVESTIGATORS ASSOCIATION, INC.

Current Principal Place of Business:

14910 DALE MABRY HIGHWAY NORTH
BOX 340529
TAMPA, FL 33694

Current Mailing Address:

PO BOX 340529
TAMPA, FL 33694 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 :

Title D
Name CORRADO, MICHAEL
Address 461 NORTH CHEW ROAD
City-State-Zip: HAMMONTON NJ 08037

Title PAST PRESIDENT
Name BELLI, PAUL
Address 4510 ORANGE GROVE AVENUE
City-State-Zip: SACRAMENTO CA 95841

Title CFO
Name LEWIS, STEVE
Address 2008 EAST 8TH AVENUE
City-State-Zip: TAMPA FL 33605

Title D
Name BURAS, STEPHEN V
Address 3300 METAIRIE ROAD
City-State-Zip: METAIRIE LA 70001

Title D
Name FAGAN, TIMOTHY
Address 1700 NORTH HOGHWAY 67
City-State-Zip: FLORISSANT MO 63031

Title PRESIDENT
Name ESTEBAN, GREGORY M
Address 349 KAPIOLANI STREET
City-State-Zip: HILO HI 96720

Title VP
Name RAUCH, JOSEPH M
Address 2711-15 ATLANTIC AVENUE
City-State-Zip: ATLANTIC CITY NJ 08401

Title D
Name BLAIR, R.MICHAEL
Address 2224 NORTH FALKENBURG ROAD
City-State-Zip: TAMPA FL 33619

Continues on page 2

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

03/09/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SOUTHERN REGIONAL DIRECTOR
Name LEBID, DAVID
Address 14750 SIX MILE CYPRESS PARKWAY
City-State-Zip: FORT MYERS FL 33912