

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90013 041 ****61.25

DOCUMENT # 725597	
1. Entity Name ICTHUS, INC.	

Principal Place of Business P.O. BOX 1453 SARASOTA FL 34230-1453	Mailing Address P.O. BOX 1453 SARASOTA FL 34230-1453
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

	
1st MOORE	CR2E037 (10/06)
4. FEI Number 23-7268626	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
PIERCE, RUTH M 3512 MEDFORD LANE SARASOTA FL 34239	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

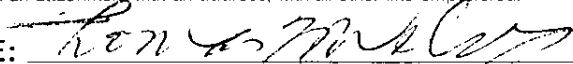
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when registering)	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	PIERCE, RUTH		
3512 MEDFORD LANE	3512 MEDFORD LANE		
SARASOTA FL 34239	SARASOTA FL 34239		
TD	WELSH, THOMAS W JR		
3342 MAYFLOWER ST.	3342 MAYFLOWER ST.		
SARASOTA FL 34231	SARASOTA FL 34231		
D	GOODIN, ROBERTA		
3403 WILKINSON WOODS DR	3403 WILKINSON WOODS DR		
SARASOTA FL 34231	SARASOTA FL 34231		
D	MCABEE, HELEN L		
5728 CASA DEL SOL BLVD	5728 CASA DEL SOL BLVD		
SARASOTA FL 34233	SARASOTA FL 34233		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Date: Jan-24-2007	Phone: 941-924-8846
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