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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **763290** **(4)**

1. Corporation Name

INTEGRAL KNOWLEDGE STUDY CENTER, INC.

Principal Place of Business	Mailing Address
% RAND HICKS 221 CLEMATIS STREET PENSACOLA FL 32503	% RAND HICKS 221 CLEMATIS STREET PENSACOLA FL 32503-2836

3. Date Incorporated or Qualified: **05/14/1982**
3a. Date of Last Report: **04/08/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-2230346** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

HICKS, RAND
221 CLEMATIS STREET
PENSACOLA FL 32503

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HICKS, RAND		1.2 NAME		
STREET ADDRESS	221 CLEMATIS ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 00000		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	IRENE D PENNER		2.2 NAME		
STREET ADDRESS	880 GERHARDT DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 00000		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	WOLFRAM VERLAAN		3.2 NAME		
STREET ADDRESS	3304 BRIARCLIFF GABLES CIRCLE		3.3 STREET ADDRESS	1036 BRIXWORTH PLACE	
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP	ATLANTA, GA 30319	
TITLE	DS	☐ DELETE	4.1 TITLE	TSD	☒ Change ☐ Addition
NAME	LIGHTFOOT, SUSAN		4.2 NAME		
STREET ADDRESS	342 VALENCIA STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL		4.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	KOWNSLAR, SCOTT		5.2 NAME	DIANE SKRUTSKIE	
STREET ADDRESS	3245 X S FLOWERS RD		5.3 STREET ADDRESS	1912 E. LLOYD ST	
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rand Hicks RAND HICKS 11 January 1997 904-433-3435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0072636