

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90024 034 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763290

1. Corporation Name

INTEGRAL KNOWLEDGE STUDY CENTER, INC.

Principal Place of Business

% RAND HICKS
221 CLEMATIS STREET
PENSACOLA FL 32503

Mailing Address

% RAND HICKS
221 CLEMATIS STREET
PENSACOLA FL 32503



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/14/1982	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2230346	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
25		29		30	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ 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	VO ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WOLFRAM VERLAAN	3.2 NAME	
STREET ADDRESS	1035 BRIXWORTH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	
TITLE	TSD ☐ DELETE	4.1 TITLE	☐ 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	D ☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	SKRUTSKIE, DIANE	5.2 NAME	
STREET ADDRESS	1912 E LLOYD ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
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	

4. I 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE RECORDED

6/30/99

850-433-3435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)