


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000004034
 1. Entity Name
INTERNATIONAL CONFERENCE OF YOUNG PEOPLE IN ALCOHOLICS ANONYMOUS, INC.



Principal Place of Business PO BOX 19312 EASTGATE STATION INDIANAPOLIS, IN 46219	Mailing Address PO BOX 150412 ALTAMONTE SPRINGS, FL 32715-0412
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02022004 No Chg-NP CR2E037 (10/03)

4. FEI Number 35-1799322	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MISTELI, TOM
1325 N CONGRESS AVE #201
WEST PALM BEACH, FL 33401-2018

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U000000046099
 02/11/04-80089-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP GROSSMAN, LOIS PILANT 2242 DEL MARINO LA VERNE, CA 91750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP STALDER, DAVE 319B CORNELL SE ALBUQUERQUE, NM 87106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT IVY, MARK 40 SILVER ELM PLACE THE WOODLANDS, TX 77381
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLY, MARTY 4001 GREELEY #10 HOUSTON, TX 77006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Lois Pilant Grossman* **2/2/04** **909-593-3752**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Lois PILANT GROSSMAN