

**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**



02022004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-1799322

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**DO NOT WRITE
IN THIS SPACE**

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 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 | |

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOIS PILANT GROSSMAN

2/2/04

Date

909-593-3752

Daytime Phone #