

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000906

FILED
Jun 24, 2009
Secretary of State

Entity Name: INTERNATIONAL ASSOCIATION OF RUBENFELD SYNERGISTS, INC.

Current Principal Place of Business:

19 THRUSH LANE
HARPERS FERRY, WV 25425

New Principal Place of Business:

Current Mailing Address:

19 THRUSH LANE
HARPERS FERRY, WV 25425

New Mailing Address:

FEI Number: 16-1515898 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ARROYO-BENSICK, TERESA
405 W. LOUISIANA AVE
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROOKS, JOAN M
Address: 19 THRUSH LANE
City-St-Zip: HARPERS FERRY, WV 25425

Title: V () Delete
Name: HANSEN-BARNARD, PAM
Address: 1310 S LYNDAL AVE
City-St-Zip: SIOUX FALLS, SD 57105

Title: V () Delete
Name: SCHLESINGER, MICHAEL
Address: 514 BABYLON ROAD
City-St-Zip: AMBER, PA 19002

Title: S () Delete
Name: FLANNERY, ROSEMARY
Address: 6254 W VALLEY GREEN ROAD
City-St-Zip: FLOURTOWN, PA 190311106

Title: T () Delete
Name: ARROYO-BENSICK, TERESA
Address: 405 W LOUISIANA AVE
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: PETTERSEN-CHU, THERESA
Address: 7 COLLINWOOD RD
City-St-Zip: MAPLEWOOD, NJ 07040

Title: S (X) Change () Addition
Name: BENNETT, PEGGY
Address: 1605 CHARLTON
City-St-Zip: ANN ARBOR, MI 48103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA ARROYO-BENSICK

T

06/24/2009

Electronic Signature of Signing Officer or Director

Date