

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004060

FILED  
Jan 24, 2005  
Secretary of State

**Entity Name:** PARENTS OF MURDERED CHILDREN, INC.

**Current Principal Place of Business:**

100 EAST EIGHTH ST., SUITE B41  
CINCINNATI, OH 45202

**New Principal Place of Business:**

**Current Mailing Address:**

100 EAST EIGHTH ST., SUITE B41  
CINCINNATI, OH 45202

**New Mailing Address:**

**FEI Number:** 31-1023437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEWIS, JEAN  
5729 CARRIAGE DR  
SARASOTA, FL 34243 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: D ( ) Delete  
Name: RUHE, NANCY  
Address: 100 E. 8TH STREET B-41  
City-St-Zip: CINCINNATI, OH 45202

Title: P ( ) Delete  
Name: LEVEY, DAN  
Address: 4601 E. PASO TRAIL  
City-St-Zip: PHOENIX, AZ 85050

Title: VP ( ) Delete  
Name: REED, ANN  
Address: 852 MEADOW RIDGE DR  
City-St-Zip: CINCINNATI, OH 45245

Title: T ( ) Delete  
Name: SARRAFIAN, CAROLE  
Address: 407 LESLIE LANE  
City-St-Zip: WEST CHESTER, PA 16146

Title: S ( ) Delete  
Name: ENGLE, DEE  
Address: 7311 BURNSIDE DRIVE  
City-St-Zip: N. LITTLE ROCK, AR 72118

Title: TR ( ) Delete  
Name: BONNELL, HARRY  
Address: 6910 MONTE VERDE DR  
City-St-Zip: SAN DIEGO, CA 92119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: P (X) Change ( ) Addition  
Name: LEVEY, DAN  
Address: 26207 N 47TH ST  
City-St-Zip: PHOENIX, AZ 85050

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NANCY RUHE

D

01/24/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date