

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004060

FILED
Mar 16, 2006
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: 26207 N 47TH ST
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: SARAFIAN, 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: () 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:

Title: TR (X) Change () Addition
Name: SIMPSON, TED
Address: 119 DEVONSHIRE DRIVE
City-St-Zip: BLOOMINGTON, IL 61704

I hereby certify that the information supplied with this filing does not qualify for the 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: M. ANN REED

VP

03/16/2006

Electronic Signature of Signing Officer or Director

Date