

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000325

FILED
Apr 30, 2004
Secretary of State

Entity Name: NATIONAL ORGANIZATION OF CIRCUMCISION INFORMATION RESOURCE CENTERS, INC.

Current Principal Place of Business:

20 CANDELERO AVE.
FOREST KNOLLS, CA 949330493

New Principal Place of Business:

Current Mailing Address:

PO BOX 2512
SAN ANSELMO, CA 949792512

New Mailing Address:

FEI Number: 59-3558935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSE, BRUCE E
712 UNDERWOOD AVE #901K
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

LEWIS, WILLIAM V MR.
P.O. BOX 323
PANACEA, FL 32346 US

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: WILLIAM V LEWIS

04/30/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILOS, MARILYN F RN
Address: 20 CANDELERA AVENUE
City-St-Zip: FOREST KNOLLS, CA

Title: T () Delete
Name: CURRAN, SHEILA RN
Address: 20 CANDELERA AVENUE
City-St-Zip: FOREST KNOLLS, CA

Title: D () Delete
Name: SNYDER, JAMES
Address: P.O. BOX 531
City-St-Zip: CLIFTON FORGE, VA 24422

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MILOS, MARILYN F RN
Address: 20 CANDELERA AVENUE
City-St-Zip: FOREST KNOLLS, CA 94933

Title: T (X) Change () Addition
Name: CURRAN, SHEILA RN
Address: 20 CANDELERA AVENUE
City-St-Zip: FOREST KNOLLS, CA 94933

Title: D (X) Change () Addition
Name: SNYDER, JAMES
Address: 20 CANDELERA AVENUE
City-St-Zip: FOREST KNOLLS, CA 94933

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: MARILYN F MILOS, RN

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date