

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90305 048 ****61.25

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04062006 Chg-NP CR2E037 (11/05)

DOCUMENT # F99000000325					
1. Entity Name NATIONAL ORGANIZATION OF CIRCUMCISION INFORMATION RESOURCE CENTERS, INC.					
Principal Place of Business 20 CANDELERO AVE. FOREST KNOLLS, CA 94933-0493			Mailing Address PO BOX 2512 SAN ANSELMO, CA 94979-2512		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3558935	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEWIS, WILLIAM V MR. P.O. BOX 323 PANACEA, FL 32346				Name <u>Kathy Howard - Director</u> Street Address (P.O. Box Number is Not Acceptable) <u>3400 COUNTY LINE RD. # 27A</u> City <u>TEQUESTA</u> FL Zip Code <u>33469</u>	
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 <u>Kathy Howard</u> <small>Signature typed or printed name of registered agent and date if applicable.</small>				DATE <u>4/6/06</u> <small>(NOTE: Registered Agent signature required when reissuing)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MILOS, MARILYN F RN		NAME		
STREET ADDRESS	20 CANDELERO AVENUE		STREET ADDRESS		
CITY - ST - ZIP	FOREST KNOLLS, CA 94933		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CURRAN, SHEILA RN		NAME		
STREET ADDRESS	20 CANDELERO AVENUE		STREET ADDRESS		
CITY - ST - ZIP	FOREST KNOLLS, CA 94933		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SNYDER, JAMES L MD		NAME		
STREET ADDRESS	20 CANDELERO AVENUE		STREET ADDRESS		
CITY - ST - ZIP	FOREST KNOLLS, CA 94933		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Kathy Howard</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/6/06</u> Daytime Phone # <u>561-667-9198</u>		