

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000325

FILED
Jul 10, 2007
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 ()**
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:

HOWARD, KATHY
3900 COUNTY LINE RD
#27B
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

HOWARD, KATHY
14701 US HWY 1
#28
JUNO BEACH, FL 33408 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: _____

07/10/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILOS, MARILYN F RN
Address: 20 CANDELERO AVENUE
City-St-Zip: FOREST KNOLLS, CA 94933

Title: T () Delete
Name: CURRAN, SHEILA RN
Address: 20 CANDELERO AVENUE
City-St-Zip: FOREST KNOLLS, CA 94933

Title: D () Delete
Name: SNYDER, JAMES L MD
Address: 20 CANDELERO AVENUE
City-St-Zip: FOREST KNOLLS, CA 94933

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:

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: MARILYN FAYRE MILOS, RN

DIR.

07/10/2007

Electronic Signature of Signing Officer or Director

Date