

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000793

FILED
Jul 08, 2008
Secretary of State

Entity Name: INTERNATIONAL STUDENT COMPASSION AID, INC.

Current Principal Place of Business:

3662 W DAVIE BLVD
FORT-LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

3662 W DAVIE BLVD
FORT-LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 31-1716857 **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:

BEAUVAIS, YVES
360 NW 19 CT
POMPANO BEACH, FL 33060 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: DP () Delete
Name: BEAUVAIS, YVES P
Address: 360 NW 19 CT
City-St-Zip: POMPANO BEACH, FL 33060

Title: DV () Delete
Name: OBAS, MARC A
Address: 3375 NW 37TH AVE
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: DT () Delete
Name: THABUTEAU, REGINALD
Address: 2241 NW 60TH AVE
City-St-Zip: SUNRISE, FL 33313

Title: MD () Delete
Name: ABRAHAM, NADET S
Address: 1812 SW 10 CT
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BEAUVAIS, YVES P
Address: 360 NW 19 CT
City-St-Zip: POMPANO BEACH, FL 33060

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

Title: DT (X) Change () Addition
Name: THABUTEAU, REGINALD P
Address: 2241 NW 60TH AVE
City-St-Zip: SUNRISE, FL 33313

Title: DT (X) Change () Addition
Name: BLOODSAW, JACQUELINE
Address: 3528 NW 33TH CT
City-St-Zip: LAUDERDALE LAKES, FL 33309

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: MARC OBAS

P

07/08/2008

Electronic Signature of Signing Officer or Director

Date