

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003517

FILED
Jan 19, 2009
Secretary of State

Entity Name: INTERNATIONAL SOCIETY OF PROFESSIONAL THERMOGRAPHERS, INC.

Current Principal Place of Business:

996 WESTWOOD SQUARE
SUITE 5
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1275
GENEVA, FL 32730

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEITCH, DOUGALD B
996 WESTWOOD SQUARE
SUITE 5
OVIEDO, FL 32765 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: TD () Delete
Name: KING, TIM
Address: 4175 LAKE HARNEY CIRCLE
City-St-Zip: GENEVA, FL 32732

Title: D () Delete
Name: ALLEN, LEE
Address: 1139 WEST OLD #4 HIGHWAY
City-St-Zip: COWARD, SC 29530

Title: D () Delete
Name: STOCKTON, GREG VCHRM
Address: 8472 WALKER MILL ROAD
City-St-Zip: RANDLEMAN, NC 27312

Title: D () Delete
Name: KLEINFELD, JACK VCHRM
Address: 4011 HILLMAN AVENUE
City-St-Zip: BRONX, NY 10463

Title: SD () Delete
Name: FITZPATRICK, JOE
Address: 2758 LYNN STREET
City-St-Zip: FEDERICK, MD 21704

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:

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: TIM KING

T

01/19/2009

Electronic Signature of Signing Officer or Director

Date