

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001574 (3)

1. Corporation Name

INTERNATIONAL SOCIETY OF WELDING EDUCATORS, INC.



Principal Place of Business

Mailing Address

PO BOX 351040
MIAMI FL 33135

550 N.W. LEJEUNE RD.
SUITE 418
MIAMI FL 33135

3. Date Incorporated or Qualified

04/05/1993

3a. Date of Last Report

03/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

27

City & State

City & State

24

25

Country

29

30

Zip

Country

4. FEI Number

~~65-0620495~~ 65-0423552

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALL, NELSON C DR
550 NW LEJEUNE RD.
SUITE 418
MIAMI FL 33135

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and firm if applicable

Dr. Nelson C. Wall, DED

April 17, 1996

(NOTE: Registered Agent signature required when reappointing)

DATE:

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **CHM**
STREET ADDRESS **BOHNART, E R**
CITY-ST-ZIP **MILLER ELEC MFG, 1635 W SPENCER**
APPLETON WI 54912

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **WINSAND, AMOS O MR**
CITY-ST-ZIP **909 TOTTENBAM**
BIRMINGHAM MI 48009

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **WALL, NELSON C DR**
CITY-ST-ZIP **550 NW LEJEUNE RD. #418**
MIAMI FL 33135

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DELAURIER, FRANK G DR**
CITY-ST-ZIP **550 NE LEJEUNE RD. #418**
MIAMI FL 33135

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BOLLINGER, SHIRLEY W MS**
CITY-ST-ZIP **801 WILSON AVE**
HANOVER PA

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **COOLEY, J L**
CITY-ST-ZIP **5283 WILLIAMETTE**
BOISE ID

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

☐ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank G. DeLaurier, ED

4/17/96 305-443-9353

Date

Daytime Phone #

CR2E037 (12/95)