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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:02

DOCUMENT # N93000001826 (7)

1. Corporation Name

INTERNATIONAL CENTER FOR THE SEARCH AND RECOVERY OF MISSING CHILDREN, INC.

Principal Place of Business	Mailing Address
5449 S. HWY 436 #223 ORLANDO FL 32822 US	5449 S. HWY 436 #223 ORLANDO FL 32822 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3184881 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $9.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29); Country (30)

9. Name and Address of Current Registered Agent

RAMAZINI, JOHNNY L
8552 HAVASU DRIVE
ORLANDO FL 32829

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	S/T ☐ Change ☐ Addition
NAME	RAMAZINI, JOHNNY	12 NAME	Betty Spurlin
STREET ADDRESS	4546 S SEMORAN BLVD. #571	13 STREET ADDRESS	5390 Hoffner Ave.
CITY-ST-ZIP	ORLANDO FL 32822	14 CITY-ST-ZIP	Orlando, Fl. 32812
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HENDERSON, RICHARD L	22 NAME	
STREET ADDRESS	2400 WEST 33RD ST.	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	D XX Change ☐ Addition
NAME	~~WEEKS, MONIQUE~~	32 NAME	COLON, EDWARD
STREET ADDRESS	~~3165 MCCORY PL~~ (DELETE)	33 STREET ADDRESS	5260 Harkley Rd.
CITY-ST-ZIP	~~ORLANDO FL~~	34 CITY-ST-ZIP	Saint Cloud, Fl. 34769
TITLE	D	41 TITLE	D XXX Change ☐ Addition
NAME	~~EDELEN, DOLORES~~	42 NAME	IMPARATO, FRANK
STREET ADDRESS	~~101 ALIXCO CT.~~ (DELETE)	43 STREET ADDRESS	3269 Morning Star Court
CITY-ST-ZIP	~~KISSIMMEE FL~~	44 CITY-ST-ZIP	Kissimmee, Fl. 34744
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

She was left off your printing, not a change or addition.

POSTMARKED BY MAY 1

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)(i), 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 on an attachment with an address.

SIGNATURE: Johnny Ramazini 27 April 1995 (407) 382-7762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034818