

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

04/23/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3184881

Applied For
Not Applicable

5. Certificate of Status Desired

XXX

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 5448 Hoffner Ave.

2a. Mailing Address

26 5448 Hoffner Ave.

22 Suite, Apt. #, etc.

22 406

27 Suite, Apt. #, etc.

27 406

23 City & State

23 Orlando, Fl.

28 City & State

28 Orlando, Fl.

24 Zip

24 32812

Country

25 Orange

29 Zip

29 32812

Country

30 Orange

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 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 title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME RAMAZINI, JOHNNY
STREET ADDRESS 4546 S SEMORAN BLVD. #571
CITY-ST-ZIP ORLANDO FL 32822

TITLE D ☐ DELETE
NAME HENDERSON, RICHARD L
STREET ADDRESS 2400 WEST 33RD ST.
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE
NAME COLON, EDWARD
STREET ADDRESS 5260 HARLKEY RD
CITY-ST-ZIP SAINT CLOUD FL

TITLE D ☐ DELETE
NAME IMPARATO, FRANK
STREET ADDRESS 3269 MORNING STAR CT
CITY-ST-ZIP KISSIMMEE FL

TITLE ST ☐ DELETE
NAME SPURLIN, BETTY
STREET ADDRESS 5390 HOFFNER AVE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☐ Change ☒ Addition
1.2 NAME RYCE, CLAUDINE D.
1.3 STREET ADDRESS 23700 S.W. 162nd Ave.
1.4 CITY-ST-ZIP Homestead, Fl. 33031

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME RYCE, DONALD T.
2.3 STREET ADDRESS 23700 S.W. 162nd Ave.
2.4 CITY-ST-ZIP Homestead, Fl. 33031

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS

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 on an attachment with an address.

SIGNATURE: *Johnny L. Ramazini* JOHNNY L. RAMAZINI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 Jan. 96

407-382-7762

Daytime Phone #

CR2E037 (12/95)