FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ;

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # N93000001826

INTERNATIONAL CENTER FOR THE SEARCH AND RECOVERY

OF MISSING CHILDREN, INC.								,							
Principal Place of Business Mailing Address									1 H	MENDMENT					
6146 CLARK CENTER AVE. SAME SARASOTA, FL 34238										orporated or Qualified /23/1993	d				
									4. FEI Num 59	ber -3184881			 -	olied For LApplicable	
2. Principal Place of Business 21 SAME				2a. Mailing Address 26 SAME					5. Certificat	e of Status Desired	D3t	\$8.75 Additional Fee Required			
Suite, Apl. #, etc.				Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
City & State				City & State					7. Is this nonprofit corporation a homeowners association?						
Zip	' h 			Z _{(p} C ₀		Country		8. This corporation owes or has paid the current year Intangible							
24 25 9. Name and Address of Curren				29 30					Personal Property Tax due June 30. Yes X N. 10. Name and Address of New Registered Agent						
							Name		101 110						
AMY SAMSAL 3727 ALOHA DRIVE						82	Street	Addres	ss (P.O. Box N	umber is Not Accept	able)			· · · ·	
SARASOTA, FL 34232						63									
						84									
							City				FL	85	Zip C		
11. Pursuant office or r agent. I a	to the provisions registered agent, am familiar with, a	of Sections 617.050 or both, in the State and accept the obliga	2 and 61 of Florida ations of,	7.1508, Florida Statute a. Such change was a Section 617.0508, Flo	s, the al uthorize rida Stat	bove d by lutes.	-named the cor	corpo poratio	ration submits n's board of di	this statement for the rectors. I hereby acc	purpose of ept the app	f chang cintme	jing its nt as r	registered egistered	
SIGNATURE	Signature typed or pr	run TX		$\gamma \cup j \omega \psi =$	A.	MY	L.	SAI	MSAL, I	PRESIDENT	DATE.	/10	/98		
12.		OFFICERS AND			13.	_			ADDITION	S/CHANGES TO OFF	ICERS AN	D DIRE	CTOR	S IN 12	
TITLE	P			DELETE	1.1 11	TLE		P/1	MD -D			Ch:	ange	Addition	
NAME	PAUL MO	NVILLE			1.2 N	AME		AM:	Y L. S	AMSAL					
STREET ADDRESS						IREET A	ADDRESS	614	46 CLAI	RK CENTER	AVE.				
CITY - ST - ZIP	SARASOTA, FL 34232								RASOTA	FL 3423	3				
TITLE	V/D St OEI				2.1 1			V -	_	•		Ch.	ange	☐ Addition	
NAME	AMY SAMSAL					AME		[VIN GI						
STREET ADDRESS 6146 CLARK CENTER AVE.									35 RANI		_				
CITY-ST-ZIP	SARASOTA FI 34230					A 4 5071 F				, FL 3423		Cha	2000	Addition	
TITLE	S/T					32 NAME S/T			g- 7			X	ange	ET MOUNTAIN	
NAME AVOICE ADDRESS	CAROL LYNN MONVILLE					33 STREET ADDRESS CA			ROL LYN	N MONVILI	Έ				
STREET ADDRESS	2300 REE KIDGE RD., STE. 301					3.4 CITY-ST-ZIP			0 BEE	RIDGE RD.	, STI	ള. 3	301		
CITY-ST-ZIP TITLE	SARASO	FA, FL -3	423 9	DELETE	4.11		-ZIP			FL 3423		Cha		☐ Addition	
NAME	D					4. 2 NAME			,						
STREEL ADDRESS JOHNNY RAMAZINI				4.3 S			ADDRESS								
CHICKASA				TRL. #103				1							
		, FL 328			5.1 TI			1				Cha	ange	☐ Add/tion	
NAME			-	•	5 2 N/	AME		}					-		

14. I hereby certify that the information supplied with this filing 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 attacking the same appears in address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-7IP

6.1 TITLE 6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

AMY L. SAMSAL

***70.00

100002639201 Change

-09/14/38--01146--050

08/10/98 941**-92**7-2603

☐ Addition

FILED

Sep 14 1998 8:00am

Secretary of State