

DOCUMENT # N93000001826

1. Entity Name
INTERNATIONAL CENTER FOR THE SEARCH AND RECOVERY of
Missing Children, Inc.

Principal Place of Business Mailing Address
6146 CLARK CENTER AVE 6146 CLARK CENTER AVE
SARASOTA FL 34238 SARASOTA FL 34238
US US

2. Principal Place of Business 3727 Aloha Dr.
4025 Cattlemen Rd.

Suite, Apt. #, etc. Suite, Apt. #, etc.
PMB 123

City & State City & State
Sarasota, FL Sarasota, FL

Zip Country Zip Country
34232 U.S.A. 34233 U.S.A.

6. Name and Address of Current Registered Agent
SAMSAL, AMY
3727 ALOHA DR
SARASOTA FL 34232



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3184881 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW: FEE IS \$61.25
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PMDD SAMSAL, AMY L 6146 CLARK CENTER AVE SARASOTA FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4025 cattlemen Rd. PMB 123 Sarasota, FL 34233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GILL, KEVIN 3235 RANDA WAY SARASOTA FL 34235 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MONVILLE, CAROL LYNN 2300 BEE RIDGE RD STE 301 SARASOTA FL 34239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S D Les Gardi 7061 S. Tamiami Trl. Sarasota, FL 34231
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D John Agen 1991 Main St., Ste. 260 Sarasota, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Amy L. Samsal 1/9/01 941.342.9753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)