

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -6 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005271 (1)

1. Corporation Name

**INTERNATIONAL ASSOCIATION OF MEMBERSHIP DIRECTOR
S. INC.**

Principal Place of Business

Mailing Address

5130 LAS VERDES CIRCLE NO. 217
DELRAY BEACH FL 33484

5130 LAS VERDES CIRCLE NO. 217
DELRAY BEACH FL 33484

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/24/1994

3a. Date of Last Report

4. FEI Number

65-0525 264

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 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. 193.002,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIEDL, RENEE D (RIEDL)
5130 LAS VERDES CIRCLE NO. 217
DELRAY BEACH FL 33484**

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

Signature (Print or print name of registered agent and the corporation)

Date (Registered Agent signature required when the change is made)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 12

TITLE: **D**
NAME: **RIEDL, RENEE D (RIEDL)**
STREET ADDRESS: **5130 LAS VERDES CIRCLE NO. 217**
CITY, ST, ZIP: **DELRAY BEACH FL 33484**

1.1 TITLE: **RENEE RIEDL** ☐ Change ☐ Addition
1.2 NAME: **TYPING ERROR**
1.3 STREET ADDRESS:
1.4 CITY, ST, ZIP:

TITLE: **D**
NAME: **MILLER, KATHY**
STREET ADDRESS: **2401 WILLOW SPRINGS DRIVE**
CITY, ST, ZIP: **BOCA RATON FL 33486**

2.1 TITLE: ☐ Change ☐ Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY, ST, ZIP:

TITLE: **D**
NAME: **LITAVEC, ANDREJA**
STREET ADDRESS: **20583 BOCA WEST DRIVE**
CITY, ST, ZIP: **BOCA RATON FL 33434-9990**

3.1 TITLE: ☐ Change ☐ Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY, ST, ZIP:

TITLE: **D**
NAME: **AUER, KATHY L**
STREET ADDRESS: **100 BALLENSIES CIRCLE**
CITY, ST, ZIP: **PALM BEACH GARDENS FL 33418**

4.1 TITLE: ☐ Change ☐ Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY, ST, ZIP:

TITLE: **D**
NAME: **LENTZ, ROSIE**
STREET ADDRESS: **11501 EL CLAIR RANCH ROAD**
CITY, ST, ZIP: **BOYNTON BEACH FL 33437**

5.1 TITLE: ☐ Change ☐ Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY, ST, ZIP:

TITLE: **D**
NAME: **MORRIS, RHONDA**
STREET ADDRESS: **3801 BAYVIEW DRIVE**
CITY, ST, ZIP: **FORT LAUDERDALE FL 33319**

6.1 TITLE: ☐ Change ☐ Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 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 110.07(3)(b), 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. 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:

Renée D. Riedl **RENEE D. RIEDL, President**

(407) 468-1600

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR