

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 # N95000004621 (7)

1. Corporation Name

INTERNATIONAL CHRISTIAN ASSOCIATION OF MONITORED
ENTERPRISES, INC.



Principal Place of Business

Mailing Address

6860 GULFPORT BLVD., SO., SUITE 800
SOUTH PASADENA FL 33707

6860 GULFPORT BLVD., SO., SUITE 800
SOUTH PASADENA FL 33707

3. Date Incorporated or Qualified

09/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 6860 GULFPORT BLVD SO.

26 6860 GULFPORT BLVD

22 SUITE 550

27 SUITE 550

23 SO. PASADENA, FL.

28 SO. PASADENA, FL.

24 33707 25 U.S.A

29 33707 30 U.S.A

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ \$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMILEY, W. MCKINLEY JR.
4905 34TH STREET SOUTH, SUITE 333
ST. PETERSBURG FL 33711

81 Name
SMILEY, W. MCKINLEY JR.

82 Street Address (P.O. Box Number is Not Acceptable)

4905 34TH ST. SOUTH

83 SUITE 5900

84 City
ST. PETERSBURG, FL

85 Zip Code
33711

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SMILEY, W. MCKINLEY JR.
STREET ADDRESS 4905 34TH STREET SOUTH, SUITE 333
CITY-ST-ZIP ST. PETERSBURG FL 33711

TITLE D
NAME NAMACK, WILLIAM A III
STREET ADDRESS 1800 2ND STREET, SUITE 777
CITY-ST-ZIP SARASOTA FL 34236

TITLE D
NAME ADAMS, SUSAN K
STREET ADDRESS 2775 KIPPS COLONY DRIVE SOUTH, #103
CITY-ST-ZIP GULFPORT FL 33707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D
12 NAME SMILEY, JR., W. MCKINLEY
13 STREET ADDRESS 4905 34TH STREET SOUTH SUITE 5900
14 CITY-ST-ZIP ST. PETERSBURG, FL. 33711

21 TITLE D
22 NAME NAMACK, WILLIAM H. III
23 STREET ADDRESS 1800 2ND STREET SUITE 855
24 CITY-ST-ZIP SARASOTA, FL 34236

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

813 3448678

Daytime Phone #

CR2E037 (12/95)