

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P15459** (1)
1. Corporation Name
**THE INTERNATIONAL SOCIETY OF STRESS ANALYSTS, I
NC.**



Principal Place of Business Mailing Address
**1442 WOOD LAKE CR
ST CLOUD FL 34772** **1442 WOOD LAKE CR
ST CLOUD FL 34772**

3. Date Incorporated or Qualified **06/30/1987** 3a. Date of Last Report **02/06/1995**
4. FEI Number **23-7304712** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**
6. Election Campaign Financing ☐ **\$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 2a. Mailing Address
21 **9 Westchester Drive** 26 **9 Westchester Drive**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Kissimmee FL** 28 **Kissimmee FL**
Zip 34744 County USA Zip 34744 Country usa

9. Name and Address of Current Registered Agent

**MCQUISTON, C.R.
1442 WOOD LAKE CR
ST CLOUD FL 34772**

10. Name and Address of New Registered Agent

81 Name **WILLIAM I. AMES JR.**
82 Street Address (P.O. Box Number is Not Acceptable)
9 Westchester Drive
83
84 City **Kissimmee** FL 85 Zip Code **34744**

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 *William I. Ames Jr.* **WILLIAM I. AMES JR.** Feb 15, 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCQUISTON, C.R.	1.2 NAME	Ernest C. Reid
STREET ADDRESS	1442 WOOD LAKE CIRCLE	1.3 STREET ADDRESS	46 Turner Street
CITY-ST-ZIP	ST. CLOUD FL	1.4 CITY-ST-ZIP	Dedham MA 02026
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUNETTE, LEO	2.2 NAME	Bud Mc Corkle
STREET ADDRESS	P.O. BOX 590 N/A	2.3 STREET ADDRESS	100 Inman Drive
CITY-ST-ZIP	LA CENTRE WA	2.4 CITY-ST-ZIP	Ingalls IN 46408
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	Treasurer Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCQUISTON, VERONICA	3.2 NAME	Veronica McQuiston
STREET ADDRESS	1442 WOOD LAKE CIRCLE	3.3 STREET ADDRESS	1442 Wood Lake Circle
CITY-ST-ZIP	ST. CLOUD FL	3.4 CITY-ST-ZIP	St Cloud FL 34772
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Vice President Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCORKLE, MARVIN E.	4.2 NAME	John Erasmus
STREET ADDRESS	6003 GUION RD.	4.3 STREET ADDRESS	PO Box 55111 N/A
CITY-ST-ZIP	INDIANAPOLIS IN	4.4 CITY-ST-ZIP	Northlands 2116 South Africa
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Secretary Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	William I. Ames Jr.
STREET ADDRESS		5.3 STREET ADDRESS	9 Westchester Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Kissimmee FL 34744
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	300001849975 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-06/04/96--01092--0
STREET ADDRESS		6.3 STREET ADDRESS	***\$1.25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	33 5/1/92

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: *William I. Ames Jr.* **WILLIAM I. AMES JR.** 2/15/96 4079334839
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)