

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

**9 WESTCHESTER DR.
KISSIMMEE FL 34744**

**9 WESTCHESTER DR.
KISSIMMEE FL 34744-5826**



3. Date Incorporated or Qualified
06/30/1987

3a. Date of Last Report
05/01/1996

4. FEI Number

23-7304712

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

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

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMES, WILLIAM I., JR.
9 WESTCHESTER DR.
KISSIMMEE FL 34744**

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 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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P/D**
STREET ADDRESS **REID, ERNEST C.**
CITY-ST-ZIP **48 TURNER ST.**
DEOHAM MA 02026

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **V/D**
STREET ADDRESS **MC CORKLE, BUD**
CITY-ST-ZIP **100 INMAN DR.**
INGALLSRE IN 46408

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

TITLE ☐ DELETE
NAME **T/D**
STREET ADDRESS **MCQUISTON, VERONICA**
CITY-ST-ZIP **1442 WOOD LAKE CIRCLE**
ST. CLOUD FL 34772

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

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MCCORKLE, MARVIN E.**
CITY-ST-ZIP **6003 GUION RD.**
INDIANAPOLIS IN

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

TITLE ☐ DELETE
NAME **V/D**
STREET ADDRESS **ERASMUS, JOHN**
CITY-ST-ZIP **PO BOX 55111 (N/A)**
NORTHLANDS 2116 SO. AFRICA

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

TITLE ☐ DELETE
NAME **S/D**
STREET ADDRESS **AMES, WILLIAM I., JR.**
CITY-ST-ZIP **9 WESTCHESTER DR.**
KISSIMMEE FL 34744

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 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 attachment with an address.

SIGNATURE:

William I. Ames, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/97
Date Daytime Phone # **407-923 4739**

CR2E037 (9/96)