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**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90068 032 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P15459**

1. Corporation Name

**THE INTERNATIONAL SOCIETY OF STRESS ANALYSTS, I  
NC.**

Principal Place of Business

**9 WESTCHESTER DR.  
KISSIMMEE FL 34744**

Mailing Address

**9 WESTCHESTER DR.  
KISSIMMEE FL 34744**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**06/30/1987**

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **MCCORKLE, M**  
STREET ADDRESS **100 INMAN DR**  
CITY-ST-ZIP **INGALLS IN 02026**

TITLE **V/D** ☐ DELETE

NAME **MC CORKLE, BUD**  
STREET ADDRESS **100 INMAN DR.**  
CITY-ST-ZIP **INGALLSRE IN 46408**

TITLE **T/D** ☐ DELETE

NAME **MCQUISTON, VERONICA**  
STREET ADDRESS **1442 WOOD LAKE CIRCLE**  
CITY-ST-ZIP **ST. CLOUD FL 34772**

TITLE **D** ☐ DELETE

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

TITLE **V/D** ☐ DELETE

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

TITLE **S/D** ☐ DELETE

NAME **AMES, WILLIAM I., JR.**  
STREET ADDRESS **9 WESTCHESTER DR.**  
CITY-ST-ZIP **KISSIMMEE FL 34744**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **WILLIAM I. AMES JR.**  
1.3 STREET ADDRESS **9 WESTCHESTER DR**  
1.4 CITY-ST-ZIP **KISSIMMEE FL 34744-5826**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **VP D** ☒ Change ☐ Addition

3.2 NAME **BRUNETTE, LEO**  
3.3 STREET ADDRESS **PO BOX 540**  
3.4 CITY-ST-ZIP **LACENTER WA 98629**

4.1 TITLE **VP D** ☒ Change ☐ Addition

4.2 NAME **PLUMMER, MAC**  
4.3 STREET ADDRESS **753 SALINA STREET**  
4.4 CITY-ST-ZIP **SYRACUSE NY 13208**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

**WILLIAM I. AMES JR.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/99**

Date

**407-933-4839**

Daytime Phone #

CR2E037 (1/98)