2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May-03, 2004 08:00 AM
Secretary of State

DOCUMENT # P15459

1. Entity Name
THE INTERNATIONAL SOCIETY OF STRESS ANALYSTS , INC.

Principal Place of Business	Mailing Address
9 WESTCHESTER DR. KISSIMMEE, FL 34744	9 WESTCHESTER DR. KISSIMMEE, FL 34744

04302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7304712
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000153158
05/04/04-80116-019 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AMES, WILLIAM I JR
STREET ADDRESS	9 WESTCHESTER DR
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	V/D
NAME	DE LA HOZ, MARIA M DR.
STREET ADDRESS	CALLE 15-62
CITY-ST-ZIP	BOGOTA, CO 12345
TITLE	SD
NAME	PLUMMER, MAC
STREET ADDRESS	753 SALINA ST
CITY-ST-ZIP	SYRACUSE, NY 13208
TITLE	VPD
NAME	GUAY, GLENN
STREET ADDRESS	23 BIRCHWOOD DRIVE
CITY-ST-ZIP	DAYVILLE, CN 06241
TITLE	V/D
NAME	ERASMUS, JOHN
STREET ADDRESS	201 RUBY AVENUE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	VPD
NAME	BRUNETTE, LEO
STREET ADDRESS	PO BOX 590
CITY-ST-ZIP	LACENTER, WA 98629

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William I Ames WILLIAM I. AMES JR. PRESIDENT 4/29/04 4079994859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #