

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15459

FILED
Mar 31, 2009
Secretary of State

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

Current Principal Place of Business:

1065 N JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 479
AMORY, MS 38821 US

New Mailing Address:

FEI Number: 23-7304712

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FULWIDER, JOHN F PHD
1065 N JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

FULWIDER, JOHN F PHD
2609 MILTON AVE
KISSIMMEE, FL 34741 US

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.

SIGNATURE: DR. JOHN F. FULWIDER

03/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: BRUNETTE, LEO
Address: PO BOX 590
City-St-Zip: LACENTER, WA 98629

Title: VPD () Delete
Name: FULWIDER, JOHN F PH D
Address: PO BOX 479
City-St-Zip: AMORY, MS 38821 US

Title: D () Delete
Name: TRUTHTEC, INC.,
Address: 1065 N JOHN YOUNG PARKWAY
City-St-Zip: KISSIMMEE, FL 34741 US

Title: D () Delete
Name: GUAY, GLENN
Address: 23 BIRCHWOOD DRIVE
City-St-Zip: DAYVILLE, CN 06241 US

Title: VP () Delete
Name: MARINA-RESTREPO, LUZ L. AMER
Address: PO BOX 479
City-St-Zip: AMORY, MS 38821 US

Title: VPD (X) Delete
Name: SYLVESTRE, MICHAEL A
Address: 2609 MILTON AVENUE
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: BRUNETTE, LEO
Address: PO BOX 590
City-St-Zip: LACENTER, WA 98629

Title: P/D (X) Change () Addition
Name: FULWIDER, JOHN F PH D
Address: PO BOX 479
City-St-Zip: AMORY, MS 38821 US

Title: VP D (X) Change () Addition
Name: SYLVESTRE, MICHAEL A
Address: 2609 MILTON AVENUE
City-St-Zip: KISSIMMEE, FL 34741 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. JOHN F. FULWIDER

PD

03/31/2009

Electronic Signature of Signing Officer or Director

Date