

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001867

Entity Name: INTERNATIONAL ASSOCIATION OF PROFESSIONAL
BROCHURE DISTRIBUTORS, INC.**FILED**
Jan 10, 2015
Secretary of State
CC7656847166**Current Principal Place of Business:**1115 RIVERSIDE DRIVE
MAYS LANDING, NJ 08330**Current Mailing Address:**1115 RIVERSIDE DRIVE
MAYS LANDING, NJ 08330 US**FEI Number: 58-1455484****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KENNEY, BARBARA
1215 SPRUCE AVENUE
ORLANDO, FL 32824 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	ED
Name	GOLDSMITH, HENRY
Address	1115 RIVERSIDE DRIVE
City-State-Zip:	MAYS LANDING NJ 08330

Title	PAST PRESIDENT
Name	HOWARD, KIRA
Address	#45- 13320 78TH AVE
City-State-Zip:	SURREY V3W O-H6

Title	VP
Name	MAGARO, PETER
Address	11 LARGO DRIVE SOUTH
City-State-Zip:	STAMFORD CT 06907

Title	PRESIDENT
Name	MIDDLETON, MICHAEL
Address	220 STORY RD.
City-State-Zip:	OCOE FL 34761

Title	TREASURER
Name	MANNING, CHRIS
Address	238 HIGH HOLBORN 2ND FLOOR
City-State-Zip:	LONDON ENGLAND WC1V 7DN

Title	SECRETARY
Name	WIENCEK, CATHERINE
Address	4295 OHIO AVENUE
City-State-Zip:	MICHIGAN CITY IN 46360

Title	DIRECTOR
Name	MANZANARES, JOSE MARIA
Address	DURANGO 81-201 COL ROMA
City-State-Zip:	MEXICO CITY DISTRITO FEDERAL 06700

I hereby 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 all other like empowered.

SIGNATURE: HENRY GOLDSMITH**EXECUTIVE DIRECTOR****01/10/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date