

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 15, 2011  
Secretary of State

DOCUMENT# F96000001900

Entity Name: IAS ADMINISTRATIONS, INC.

**Current Principal Place of Business:**

210 S. OSCEOLA AVE  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 899  
CLEARWATER, FL 33757

**New Mailing Address:**

FEI Number: 98-0136014

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JOHNSON, PAUL B  
112 SOUTH MAGNOLIA AVE  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ALPERS, KARIN  
Address: 1311 N NEW HAMPSHIRE AVE  
City-St-Zip: LOS ANGELES, CA 90027

Title: D  
Name: PRAAG, GEORGE  
Address: PO BOX 3335  
City-St-Zip: CURACAO NETH ANTILLES, NE 34616

Title: D  
Name: MACMAHON, TERENCE  
Address: 1311 N NEW HAMPSHIRE AVE  
City-St-Zip: LOS ANGELES, CA 90027

Title: S  
Name: RAOS, MISLAV  
Address: 1311 N NEW HAMPSHIRE AVE  
City-St-Zip: LOS ANGELES, CA 90027

Title: D  
Name: WARREN, CAROLE  
Address: 1311 N NEW HAMPSHIRE AVE  
City-St-Zip: LOS ANGELES, CA 90027 US

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: MISLAV RAOS

S

03/15/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 17, 2010  
Secretary of State

DOCUMENT# F96000001900

Entity Name: IAS ADMINISTRATIONS, INC.

**Current Principal Place of Business:**

210 S. OSCEOLA AVE  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 899  
CLEARWATER, FL 33757

**New Mailing Address:**

FEI Number: 98-0136014

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JOHNSON, PAUL B  
112 SOUTH MAGNOLIA AVE  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FRASER, DEBORAH  
Address: P.O. BOX 956  
City-St-Zip: CLEARWATER, FL 33757

Title: D  
Name: PRAAG, GEORGE  
Address: PO BOX 3335  
City-St-Zip: CURACAO NETH ANTILLES, NE 34616

Title: S  
Name: MACMAHON, TERENCE  
Address: PO BOX 1230  
City-St-Zip: CLEARWATER, FL 33757

Title: T  
Name: RAOS, MISLAV  
Address: 1311 N NEW HAMPSHIRE AVE  
City-St-Zip: LOS ANGELES, CA 90027

Title: D  
Name: WARREN, CAROLE  
Address: 1311 N NEW HAMPSHIRE AVE  
City-St-Zip: LOS ANGELES, CA 90027 US

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: MISLAV RAOS

T

02/17/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 14, 2009  
Secretary of State

DOCUMENT# F96000001900

Entity Name: IAS ADMINISTRATIONS, INC.

**Current Principal Place of Business:**

210 SOUTH FORT HARRISON  
CLEARWATER, FL 33756

**New Principal Place of Business:**

210 S. OSCEOLA AVE  
CLEARWATER, FL 33755

**Current Mailing Address:**

PO BOX 899  
CLEARWATER, FL 33757

**New Mailing Address:**

FEI Number: 98-0136014

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JOHNSON, PAUL B  
112 SOUTH MAGNOLIA AVE  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: FRASER, DEBORAH  
Address: P.O. BOX 956  
City-St-Zip: CLEARWATER, FL 33757

Title: D ( ) Delete  
Name: PRAAG, GEORGE  
Address: PO BOX 3335  
City-St-Zip: CURACAO NETH ANTILLES, NE 34616

Title: S ( ) Delete  
Name: MACMAHON, TERENCE  
Address: PO BOX 1230  
City-St-Zip: CLEARWATER, FL 33757

Title: T ( ) Delete  
Name: WARREN, CAROLE  
Address: 1311 N NEW HAMPSHIRE AVE  
City-St-Zip: LOS ANGELES, CA 90027

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FRASER, DEBORAH  
Address: P.O. BOX 956  
City-St-Zip: CLEARWATER, FL 33757

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

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

Title: T (X) Change ( ) Addition  
Name: RAOS, MISLAV  
Address: 1311 N NEW HAMPSHIRE AVE  
City-St-Zip: LOS ANGELES, CA 90027

Title: D ( ) Change (X) Addition  
Name: WARREN, CAROLE  
Address: 1311 N NEW HAMPSHIRE AVE  
City-St-Zip: LOS ANGELES, CA 90027 US

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: TERENCE MACMAHON

S

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 23, 2008  
Secretary of State

DOCUMENT# F96000001900

Entity Name: IAS ADMINISTRATIONS, INC.

**Current Principal Place of Business:**

210 SOUTH FORT HARRISON  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 899  
CLEARWATER, FL 33757

**New Mailing Address:**

FEI Number: 98-0136014

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, PAUL B  
112 SOUTH MAGNOLIA AVE  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: FRASER, DEBORAH  
Address: P.O. BOX 956  
City-St-Zip: CLEARWATER, FL 33757

Title: V ( ) Delete  
Name: PRAAG, GEORGE  
Address: PO BOX 3335  
City-St-Zip: CURACAO NETH ANTILLES, NE 34616

Title: D ( ) Delete  
Name: MACMAHON, TERENCE  
Address: PO BOX 1230  
City-St-Zip: CLEARWATER, FL 33757

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition  
Name: FRASER, DEBORAH  
Address: P.O. BOX 956  
City-St-Zip: CLEARWATER, FL 33757

Title: D (X) Change ( ) Addition  
Name: PRAAG, GEORGE  
Address: PO BOX 3335  
City-St-Zip: CURACAO NETH ANTILLES, NE 34616

Title: S (X) Change ( ) Addition  
Name: MACMAHON, TERENCE  
Address: PO BOX 1230  
City-St-Zip: CLEARWATER, FL 33757

Title: T ( ) Change (X) Addition  
Name: WARREN, CAROLE  
Address: 1311 N NEW HAMPSHIRE AVE  
City-St-Zip: LOS ANGELES, CA 90027

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: CAROLE WARREN

T

01/23/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 29, 2007  
Secretary of State

DOCUMENT# F96000001900

Entity Name: FOUNDATION INTERNATIONAL MEMBERSHIP SERVICES ADMINISTRATIONS, INC.

**Current Principal Place of Business:**

210 SOUTH FORT HARRISON  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 899  
CLEARWATER, FL 33757

**New Mailing Address:**

FEI Number: 98-0136014

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JOHNSON, PAUL B  
112 SOUTH MAGNOLIA AVE  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DC (X) Delete  
Name: MACDONALD, KARLEEN  
Address: P.O. BOX 2251  
City-St-Zip: CLEARWATER, FL 33757

Title: S (X) Delete  
Name: COHEE, LISE L  
Address: P.O. BOX 2714  
City-St-Zip: CLEARWATER, FL 33757

Title: T ( ) Delete  
Name: FRASER, DEBORAH  
Address: P.O. BOX 956  
City-St-Zip: CLEARWATER, FL 33757

Title: V ( ) Delete  
Name: PRAAG, GEORGE  
Address: PO BOX 3335  
City-St-Zip: CURACAO NETH ANTILLES, NE 34616

Title: D ( ) Delete  
Name: MACMAHON, TERENCE  
Address: PO BOX 1230  
City-St-Zip: CLEARWATER, FL 33757

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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: DEBORAH FRASER

T

01/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 10, 2006  
Secretary of State**

DOCUMENT# F96000001900

Entity Name: FOUNDATION INTERNATIONAL MEMBERSHIP SERVICES ADMINISTRATIONS, INC.

**Current Principal Place of Business:**

210 SOUTH FORT HARRISON  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 899  
CLEARWATER, FL 33757

**New Mailing Address:**

FEI Number: 98-0136014      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JOHNSON, PAUL B  
112 SOUTH MAGNOLIA AVE  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DC ( ) Delete  
Name: MACDONALD, KARLEEN  
Address: P.O. BOX 2251  
City-St-Zip: CLEARWATER, FL 33757

Title: S ( ) Delete  
Name: COHEE, LISE L  
Address: P.O. BOX 2714  
City-St-Zip: CLEARWATER, FL 33757

Title: T ( ) Delete  
Name: FRASER, DEBORAH  
Address: P.O. BOX 3335  
City-St-Zip: CLEARWATER, FL 33757

Title: V ( ) Delete  
Name: PRAAG, GEORGE  
Address: PO BOX 3335  
City-St-Zip: CURACAO NETH ANTILLES, NE 34616

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

Title: D ( ) Change (X) Addition  
Name: MACMAHON, TERENCE  
Address: PO BOX 1230  
City-St-Zip: CLEARWATER, FL 33757

I hereby certify that the information supplied with this filing does not qualify for the 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: LISE COHEE

S

01/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 31, 2005  
Secretary of State

DOCUMENT# F96000001900

Entity Name: FOUNDATION INTERNATIONAL MEMBERSHIP SERVICES ADMINISTRATIONS, INC.

**Current Principal Place of Business:**

VAN ENGELENWEG 21A  
P.O. BOX 3335  
CURACAO NETHERLANDS ANTILLES,

**New Principal Place of Business:**

210 SOUTH FORT HARRISON  
CLEARWATER, FL 33756

**Current Mailing Address:**

PO BOX 899  
CLEARWATER, FL 33757

**New Mailing Address:**

FEI Number: 98-0136014      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JOHNSON, PAUL B  
112 SOUTH MAGNOLIA AVE  
TAMPA, FL 33606    US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DC      ( ) Delete  
Name: RONNQUIST, EWA  
Address: P.O. BOX 1931  
City-St-Zip: CLEARWATER, FL 33757

Title: D      ( ) Delete  
Name: COHEE, LISE L  
Address: P.O. BOX 2714  
City-St-Zip: CLEARWATER, FL 33757

Title: D      ( ) Delete  
Name: FRASER, DEBORAH  
Address: P.O. BOX 956  
City-St-Zip: CLEARWATER, FL 33757

Title: V      ( ) Delete  
Name: PRAAG, GEORGE  
Address: PO BOX 3335  
City-St-Zip: CURACAO NETH ANTILLES,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DC      (X) Change ( ) Addition  
Name: MACDONALD, KARLEEN  
Address: P.O. BOX 2251  
City-St-Zip: CLEARWATER, FL 33757

Title: S      (X) Change ( ) Addition  
Name: COHEE, LISE L  
Address: P.O. BOX 2714  
City-St-Zip: CLEARWATER, FL 33757

Title: T      (X) Change ( ) Addition  
Name: FRASER, DEBORAH  
Address: P.O. BOX 956  
City-St-Zip: CLEARWATER, FL 33757

Title: V      (X) Change ( ) Addition  
Name: PRAAG, GEORGE  
Address: PO BOX 3335  
City-St-Zip: CURACAO NETH ANTILLES, NE 34616

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LISE COHEE

S

01/31/2005


Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F96000001900  
 1. Entity Name  
 FOUNDATION INTERNATIONAL MEMBERSHIP SERVICES ADMINISTRATIONS, INC.



Principal Place of Business: VAN ENGELWEG 21A, P.O. BOX 3335, CURACAO NETHERLANDS ANTILLES,  
 Mailing Address: PO BOX 899, CLEARWATER, FL 33757

**DO NOT WRITE IN THIS SPACE**



01092004 No Chg-NP CR2E037 (10/03)  
 4. FEI Number 98-0136014 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 JOHNSON, PAUL B  
 112 SOUTH MAGNOLIA AVE  
 TAMPA, FL 33606

**DO NOT WRITE IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	RONNQUIST, EWA
STREET ADDRESS	P.O. BOX 1931
CITY-ST-ZIP	CLEARWATER, FL 33757
TITLE	D
NAME	COHEE, LISE L
STREET ADDRESS	P.O. BOX 2714
CITY-ST-ZIP	CLEARWATER, FL 33757
TITLE	D
NAME	FRASER, DEBORAH
STREET ADDRESS	P.O. BOX 956
CITY-ST-ZIP	CLEARWATER, FL 33757
TITLE	V
NAME	PRAAG, GEORGE
STREET ADDRESS	PO BOX 3335
CITY-ST-ZIP	CURACAO NETH ANTILLES,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000030030  
 02/04/04-80091-015 70.00

**DO NOT WRITE IN THIS SPACE**

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: LISE COHEE **LISE COHEE** 13 Jan 04 727-445-4386  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90212 023 \*\*\*\*\*70.00

**DOCUMENT # F96000001900**



1. Entity Name  
**FOUNDATION INTERNATIONAL MEMBERSHIP SERVICES ADMINISTRATION, INC.**

Principal Place of Business  
**VAN ENGELENWEG 21A  
P.O. BOX 3335  
CURACAO NETHERLANDS ANTILLES**

Mailing Address  
**PO BOX 899  
CLEARWATER FL 33757**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **98-0136014**

Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, PAUL B  
112 SOUTH MAGNOLIA AVE  
TAMPA FL 33606**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	PIRAK, KENNETH	
STREET ADDRESS	P.O. BOX 1373	
CITY-ST-ZIP	CLEARWATER FL 33757	
TITLE	DC	<input type="checkbox"/> Delete
NAME	RONNQUIST, EWA	
STREET ADDRESS	P.O. BOX 1931	
CITY-ST-ZIP	CLEARWATER FL 33757	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEE, LISE L	
STREET ADDRESS	P.O. BOX 2714	
CITY-ST-ZIP	CLEARWATER FL 33757	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRASER, DEBORAH	
STREET ADDRESS	P.O. BOX 956	
CITY-ST-ZIP	CLEARWATER FL 33757	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VICE-CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE PRAAG	
STREET ADDRESS	P.O. BOX 3335	
CITY-ST-ZIP	CURACAO, NETH. ANTILLES	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: SIGNATURE REQUIRED COHEE 5 FEB 2003 727-445-4356  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90131 015 \*\*\*\*70.00

0080372

**DOCUMENT # F96000001900**

1. Entity Name

**FOUNDATION INTERNATIONAL MEMBERSHIP SERVICES ADMINISTRATION, INC.**

Principal Place of Business

Mailing Address

**VAN ENGELENWEG 21A  
 P.O. BOX 3335  
 CURACAO NETHERLANDS ANTILLES**

**PO BOX 899  
 CLEARWATER FL 33757**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**98-0136014**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, PAUL B  
 112 SOUTH MAGNOLIA AVE  
 TAMPA FL 33606**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **DC PIRAK, KENNETH**  
 STREET ADDRESS **P.O. BOX 1373**  
 CITY-ST-ZIP **CLEARWATER FL 33757**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DC RONNQUIST, EWA**  
 STREET ADDRESS **P.O. BOX 1931**  
 CITY-ST-ZIP **CLEARWATER FL 33757**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D COHEE, LISE L**  
 STREET ADDRESS **P.O. BOX 2714**  
 CITY-ST-ZIP **CLEARWATER FL 33757**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D FRASER, DEBORAH**  
 STREET ADDRESS **P.O. BOX 956**  
 CITY-ST-ZIP **CLEARWATER FL 33757**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Lise Cohee*  
**SECRETARY - LISE COHEE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**727-445-4356**

Daytime Phone #

CFR2037 (9/01)

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90004 008 \*\*\*\*70.00

**DOCUMENT # F96000001900**

1. Entity Name

**FOUNDATION INTERNATIONAL MEMBERSHIP SERVICES ADM**

Principal Place of Business

**VAN ENGELENWEG 21A  
P.O. BOX 3335  
CURACAO NETHERLANDS ANTILLES**

Mailing Address

**VAN ENGELENWEG 21A  
P.O. BOX 3335  
CURACAO NETHERLANDS ANTILLES**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**PO BOX 899**

Suite, Apt. #, etc.

City & State

**CLEARWATER, FL**

4. FEI Number

**98-0136014**

Applied For

Not Applicable

Zip

Country

Zip

**33757**

Country

**USA**

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

6. Name and Address of Current Registered Agent

**JOHNSON, PAUL B  
112 SOUTH MAGNOLIA AVE  
TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** Zip Code \_\_\_\_\_

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC PIRAK, KENNETH P.O. BOX 1373 CLEARWATER FL 33757</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC RONNQUIST, EWA P.O. BOX 1931 CLEARWATER FL 33757</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COHEE, LISE L P.O. BOX 2714 CLEARWATER FL 33757</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FRASER, DEBORAH P.O. BOX 956 CLEARWATER FL 33757</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE: LISE L COHEE **SECRETARY** **6 FEB 2001 727-445-4309**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (10/00)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90027 005 \*\*\*\*70.00

**DOCUMENT # F96000001900**

1. Entity Name

**FOUNDATION INTERNATIONAL MEMBERSHIP SERVICES ADM**

Principal Place of Business VAN ENGELENWEG 21A P.O. BOX 3335 CURACAO NETHERLANDS ANTILLES	Mailing Address VAN ENGELENWEG 21A P.O. BOX 3335 CURACAO NETHERLANDS ANTILLES
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>98-0136014</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**JOHNSON, PAUL B**  
**112 SOUTH MAGNOLIA AVE**  
**TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> Zip Code

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.

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

**FILE NOW:  
 FEE IS \$61.25**

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC PIRAK, KENNETH P.O. BOX 1373 CLEARWATER FL 33757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC RONNQUIST, EWA P.O. BOX 1931 CLEARWATER FL 33757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEE, LISE L P.O. BOX 2714 CLEARWATER FL 33757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRASER, DEBORAH P.O. BOX 956 CLEARWATER FL 33757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: LISE COHEE **REQUIRE LISE COHEE** 31 Jan 2000 727-445-4309  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

NONPROFIT CORPORATION  
 ANNUAL REPORT  
 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F96000001900 (7)

1. Corporation Name

FOUNDATION INTERNATIONAL MEMBERSHIP SERVICES ADMINISTRATION, INC.

90 JUN - 2 11 9:20



Principal Place of Business: VAN ENGELENWEG 21A, P.O. BOX 3335, CURACAO NETHERLANDS ANTILLES  
 Mailing Address: VAN ENGELENWEG 21A, P.O. BOX 3335, CURACAO NETHERLANDS ANTILLES

3. Date Incorporated or Qualified

04/16/1996

4. FEI Number

98-0136014

Applied For  
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, PAUL B  
 112 South Magnolia Ave  
 Tampa FL 33606

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 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: Paul B. Johnson

3/24/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	MCLAUGHLIN, JANET	
STREET ADDRESS	P.O. BOX 2422	
CITY-ST-ZIP	CLEARWATER FL 33757	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	RONNQUIST, EWA	
STREET ADDRESS	P.O. BOX 1931	
CITY-ST-ZIP	CLEARWATER FL 33757	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COHEE, LISE L	
STREET ADDRESS	P.O. BOX 2714	
CITY-ST-ZIP	CLEARWATER FL 33757	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRASER, DEBORAH	
STREET ADDRESS	P.O. BOX 956	
CITY-ST-ZIP	CLEARWATER FL 33757	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KENNETH, PIRAK	
2.3 STREET ADDRESS	P.O. BOX 1375	
2.4 CITY-ST-ZIP	CLEARWATER, FL 33757	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

REINSTATEMENT 98-1999

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.

SIGNATURE: Lise L. Cohee

30/7/98 813-445-4356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day-time Phone #

0014707

CR2E037 (5/98)