

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2009
Secretary of State

DOCUMENT# N04000001141

Entity Name: IWO JIMA MONUMENT, INC.

Current Principal Place of Business:

1130 N LAKE PARKER AVE UNIT E-136
LAKELAND, FL 33805 US

New Principal Place of Business:

Current Mailing Address:

1130 N LAKE PARKER AVE UNIT E-136
LAKELAND, FL 33805 US

New Mailing Address:

FEI Number: 65-1216815 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCLAUGHLIN, LARRY L
1130 N LAKE PARKER AVE UNIT E-136
LAKELAND, FL 33805 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: D () Delete
Name: MCLAUGHLIN, LARRY L
Address: 1130 N LAKE PARKER AVE UNIT E-136
City-St-Zip: LAKELAND, FL 338054747

Title: D () Delete
Name: KALABOKE, LOUIS L
Address: 134 THIRD WAHNETA ST W
City-St-Zip: WINTER HAVEN, FL 338805818

Title: D () Delete
Name: SHEETS, CONNIE
Address: 1030 CARACARA CIRCLE S
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PAGAN, TONY L
Address: P O BOX 723
City-St-Zip: LAKE ALFRED, FL 33850

Title: D (X) Change () Addition
Name: SHERROUSE, SHAWN L
Address: 115 LAKE VIEW DRIVE
City-St-Zip: AUBURNDALE, FL 33823

Title: D (X) Change () Addition
Name: SHEETS, CONNIE
Address: 1036 CARACARA CIRCLE S
City-St-Zip: LAKELAND, FL 33809

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: CONNIE SHEETS

D

06/26/2009

Electronic Signature of Signing Officer or Director

_____ Date