

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006489

FILED
Jun 01, 2006
Secretary of State

Entity Name: INTERPRETIVE CONCEPTS & DESIGN, INC.

Current Principal Place of Business:

108 COLLEEN COURT
AUBURNDALE, FL 33823 US

New Principal Place of Business:

Current Mailing Address:

108 COLLEEN COURT
AUBURNDALE, FL 33823 US

New Mailing Address:

FEI Number: 75-3064151 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:

NOLAN, LEWIS B
108 COLLEEN COURT
AUBURNDALE, FL 33823 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 () Delete
Name: NOLAN, LEWIS B
Address: 108 COLLEEN COURT
City-St-Zip: AUBURNDALE, FL 33823 US

Title: VP () Delete
Name: NOLAN, TERYL D
Address: 108 COLLEEN COURT
City-St-Zip: AUBURNDALE, FL 33823 US

Title: SEC () Delete
Name: LONG, ELIZABETH C
Address: 194 LITTLE TURTLE WAY
City-St-Zip: MURPHREESBORO, TN 37127 US

Title: SEC () Delete
Name: POWELL, SARAH K
Address: 15348 SHERWOOD FORREST DR.
City-St-Zip: TAMPA, FL 33647 US

Title: MEMB () Delete
Name: GRAFFAM, CHERYL P
Address: 1717 E ELM ROAD
City-St-Zip: LAKELAND, FL 33801 US

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: LEWIS B. NOLAN

P

06/01/2006

Electronic Signature of Signing Officer or Director

Date