

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 769128 (0)

1. Corporation Name
INDEPENDENT DEVELOPMENT EDUCATION ASSOCIATES SERVICES, INC.



Principal Place of Business
**2421 E. MALL DR.
FT MYERS FL 33901
US**

Mailing Address
**2421 E MALL DR
FT. MYERS FL 33901
US**

3. Date Incorporated or Qualified **06/27/1983**
3a. Date of Last Report **02/09/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number **65-0138511**
Applied For
Not Applicable

5. Certificate of Status Desired **Non-Profit Organization** **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHURCH, DONNA J.
7 PEPITA ST.
FT. MYERS, FL FL 33931**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 *Donna J. Church* **Donna J Church, Executive Director** DATE **1 MARCH 1996**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VANCE, MICHAEL G.	
STREET ADDRESS	17188 LEE ROAD	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	COOK, ANTOINETTE	
STREET ADDRESS	6500 ESTERO BOULEVARD	
CITY-ST-ZIP	FT. MYERS BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TRACY, PATRICIA	
STREET ADDRESS	9239 KINCAID COURT	
CITY-ST-ZIP	SANIBEL FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TOMLINSON, WILLIAM E.	
STREET ADDRESS	16280 RAINFOREST LANE	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GARGANO, PETER JR.	
STREET ADDRESS	1338 WOODMERE LANE	
CITY-ST-ZIP	FORT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Joseph J Mahon	
1.3 STREET ADDRESS	2423 E. MALL DRIVE	
1.4 CITY-ST-ZIP	Fort Myers, FL 33901	
2.1 TITLE	Vice President /D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thomas H Chapman	
2.3 STREET ADDRESS	5091 Lexington Boulevard	
2.4 CITY-ST-ZIP	Fort Myers, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lori Dolan	
3.3 STREET ADDRESS	12660 Shannopdale Drive	
3.4 CITY-ST-ZIP	Fort Myers, FL 33913	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Tomlinson, William E	
4.3 STREET ADDRESS	1680 Rainforest Lane	
4.4 CITY-ST-ZIP	Fort Myers, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Donna J. Church* **Donna J Church Executive Director** / 8 March 96

CR2E037 (12/95)