

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769128

FILED
Aug 29, 2008
Secretary of State

Entity Name: INDEPENDENT DEVELOPMENT EDUCATION ASSOCIATES SERVICES, INC.

Current Principal Place of Business:

4550 FT. KEIS AVENUE
LABELLE, FL 33935 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2863
FT MYERS BEACH, FL 33932 US

New Mailing Address:

FEI Number: 65-0138511 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

CHURCH, DONNA J.
4550 FT. KEIS AVENUE
LABELLE, FL 33935 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: CHURCH, DONNA
Address: 4550 FT. KEIS AVENUE
City-St-Zip: LABELLE, FL 33935

Title: SD () Delete
Name: TRACY, PATRICIA,
Address: 6480 QUAIL HOLLOW LANE
City-St-Zip: FORT MYERS, FL 33912

Title: P () Delete
Name: TOMLINSON, JOSEPH,
Address: 8940 SPRING MOUNTAIN WAY
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: DOLAN, LAURA
Address: 12660 SHANNONDALE DR.
City-St-Zip: FT. MYERS, FL

Title: TD () Delete
Name: CHURCH, ELLISON R
Address: 4550 FT. KEIS AVENUE
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHURCH, DONNA
Address: 4550 FT. KEIS AVENUE
City-St-Zip: LABELLE, FL 33935

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

Title: D (X) Change () Addition
Name: TOMLINSON, JOSEPH,
Address: 8940 SPRING MOUNTAIN WAY
City-St-Zip: FORT MYERS, FL 33908

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 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: DONNA CHURCH

P

08/29/2008

Electronic Signature of Signing Officer or Director

_____ Date