

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

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90152 012 ****70.00

DOCUMENT # 769128

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

Principal Place of Business
**7 PEPITA STREET
FT MYERS BEACH FL 33931
US**

Mailing Address
**P.O. BOX 2863
FT MYERS BEACH FL 33932
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



CHECK HERE IF MAKING CHANGES

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

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

6. Name and Address of Current Registered Agent
**CHURCH, DONNA J.
7 PEPITA ST.
FT. MYERS, FL FL 33931**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Donna J. Church* DATE 4-26-03
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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, AMTOINETTE 6500 ESTERO BLVD FORT MYERS FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMAN, THOMAS H. 5091 LEXINGTON BLVD FORT MYERS FL	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRACY, PATRICIA 9239 KINCAID COURT SANIBEL FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOMLINSON, WILLIAM E. 1680 RAINFOREST LANE FORT MYERS FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLAN, LAURA 12660 SHANNONDALE DR. FT. MYERS FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHURCH, ELLISON R 7 PEPITA STREET FT MYERS BEACH FL 33931	<input type="checkbox"/> Delete	<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: *William E. Tomlinson* **WILLIAM E. TOMLINSON** 4-27-03 1-239-472 3111

CR2E037 (10/02)

90131189

Attachment
#769128

5-05-03

To Fla Dept State
Division of Corporation

This Report was misplaced in to be filed and
instead of mailed. If there is a late
fee, let us know

Cordially,

Donna Church

7 Poplar Street

Ft. Myers Beach, FL 33931

1-239-463-5462