

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006792

FILED
Apr 16, 2009
Secretary of State

Entity Name: INSTITUTE FOR BUSINESS & HOME SAFETY INCORPORATED

Current Principal Place of Business:

4775 E FOWLER AVE.
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

4775 E FOWLER AVE.
TAMPA, FL 33617

New Mailing Address:

FEI Number: 23-2049143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROCHMAN, JULIE A
4775 E FOWLER AVE.
TAMPA, FL 33617 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: ROCHMAN, JULIE
Address: 4775 E FOWLER
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: RAUCY, DOUG
Address: 4775 E FOWLER
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: REINHOLD, TIM
Address: 4775 E FOWLER
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: BARBER, KEVIN
Address: 4775 E FOWLER
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BALLEEN, DEBRA
Address: 4775 E FOWLER
City-St-Zip: TAMPA, FL 33617

Title: D (X) Change () Addition
Name: REINHOLD, TIMOTHY
Address: 4775 E FOWLER
City-St-Zip: TAMPA, FL 33617

Title: D (X) Change () Addition
Name: O'CONNOR, BRENDA
Address: 4775 E FOWLER
City-St-Zip: TAMPA, FL 33617

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: DEBRA BALLEEN

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date