2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# F01000005246

Entity Name: IFA FOUNDATION OF NORTH AMERICA, INC.

Current Principal Place of Business:

4073 N. CHINOOK LANE
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

4073 N. CHINOOK LANE
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 36-3655118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NEIMARK, VASSA
4073 N. CHINOOK LANE
ORMOND BEACH, FL 32174 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:	PCD	( ) Delete
Name:	NEIMARK, PHILIP	
Address:	4073 N. CHINOOK LANE	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	S	( ) Delete
Name:	HUSAIN, TANYA	
Address:	7350 W. 92 ST	
City-St-Zip:	ZIONSVILLE, IN 46077	
Title:	T	( ) Delete
Name:	NEIMARK, VASSA	
Address:	4073 N. CHINOOK LANE	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	D	( ) Delete
Name:	STAFFORD, JOHN JR.	
Address:	45 N. GREEN BAY RD	
City-St-Zip:	LAKE FOREST, IL 60045	
Title:	D	( ) Delete
Name:	MCDONALD, GREGORIO	
Address:	7334 DREXEL DRIVE	
City-St-Zip:	ST. LOUIS, MO 6313	
Title:	D	( ) Delete
Name:	NEIMARK, JOSHUA D	
Address:	3497 INVERNESS BLVD	
City-St-Zip:	CARMEL, IN 46032	

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:	
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: PHILIP NEIMARK PCD 01/14/2009

Electronic Signature of Signing Officer or Director — Date