2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002343

Entity Name: IGWATINCORPORATED

FILED Mar 16, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2113 PORT MALABAR BLVD NE PALM BAY, FL 32905 **Current Mailing Address: New Mailing Address:** 2113 PORT MALABAR BLVD NE PALM BAY, FL 32905 FEI Number: 59-3715066 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAIR, DEVAN C 2113 PORT MALABAR BLVD NE PALM BAY, FL 32905 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MAIR, DEVAN C Name: Name: 2113 PORT MALABAR BLVD NE Address: Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip: Title: Title: () Delete () Change () Addition Name: CALDWELL, BONITA Name: Address: PO BOX 7019 Address: City-St-Zip: ROCKLEDGE, FL 32905 City-St-Zip: Title: () Delete Title: () Change () Addition ROSBURG, PAUL Name: Name: 1773 PINE WOOD DR Address: Address: City-St-Zip: MELBOURNE, FL 32934 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GORMAN, MARTHA Name: Address: 1281 SO HICKORY ST Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: Title: () Delete Title: () Change () Addition MAIR-JONES, MARIA Name: Name: 548 ARCADIA AVE NE Address: Address: City-St-Zip: PALM BAY, FL 32907 City-St-Zip: Title: () Delete Title: () Change () Addition PARKER, EZELLA Name: Name: Address: 165 N BABARK Address: MELBOURNE, FL 32935 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

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