

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2008 8:00 am**  
**Secretary of State**

01-23-2008 90006 012 \*\*\*\*61.25

**DOCUMENT # N02000004343**

1. Entity Name  
**INTERNATIONAL ASSOCIATION OF REHABILITATION  
PROFESSIONALS, INC., FLORIDA CHAPTER**



Principal Place of Business  
**4604 ATLANTIC BLVD.  
SUITE 1B  
JACKSONVILLE, FL 32207**

Mailing Address  
**4604 ATLANTIC BLVD.  
SUITE 1B  
JACKSONVILLE, FL 32207**

40008313



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3244248**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIBBARD, CLAIRE  
4604 ATLANTIC BLVD.  
SUITE 1B  
JACKSONVILLE, FL 32207**

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

*Claire Hibbard*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/08

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 ☐ Delete  
NAME **D**  
STREET ADDRESS **HIBBARD, CLAIRE**  
CITY-ST-ZIP **4604 ATLANTIC BLVD.  
JACKSONVILLE, FL 32207**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **DS**  
STREET ADDRESS **ENGLAND, BILL**  
CITY-ST-ZIP **P.O. BOX 47535  
ST. PETERSBURG, FL 33743**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **ROBINSON, RICK**  
CITY-ST-ZIP **PO BOX 19425  
JACKSONVILLE, FL 32224**

TITLE ☒ Change ☐ Addition  
NAME **P Rasco, Ed**  
STREET ADDRESS **3331 Bowers Lane**  
CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE ☐ Delete  
NAME **PED**  
STREET ADDRESS **RASCO, ED**  
CITY-ST-ZIP **5121 BOWDEN RD #310  
JACKSONVILLE, FL 32216**

TITLE ☒ Change ☐ Addition  
NAME **(PED) Joey Kilpatrick**  
STREET ADDRESS **P.O. Box 2573**  
CITY-ST-ZIP **Valrico, FL 33595**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Claire Hibbard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/08

Date

(904) 399-5357  
Daytime Phone #