

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008010

**FILED**  
**Apr 27, 2009**  
**Secretary of State**

**Entity Name:** INDEPENDENT ASSOCIATION FOR PRIVATE SCHOOLS, DAYCARE, AND HOME CENTERS, INC.

**Current Principal Place of Business:**

2420 E EMMA ST  
TAMPA, FL 336106232 US

**New Principal Place of Business:**

**Current Mailing Address:**

2420 E EMMA ST  
TAMPA, FL 336106232 US

**New Mailing Address:**

**FEI Number:** 20-0234826

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPEARMAN, BEATRICE W MRS  
2420 E EMMA ST  
TAMPA, FL 336106232 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: PTD ( ) Delete  
Name: SPEARMAN, BEATRICE W MRS.  
Address: 2420 E EMMA ST  
City-St-Zip: TAMPA, FL 336106232

Title: DT ( ) Delete  
Name: WILLIAMS, HERBERT L  
Address: 544 ROYAL RIDGE ST  
City-St-Zip: VALRICO, FL 33594 US

Title: D ( ) Delete  
Name: ROBERTS, MARY  
Address: 1005 TAMARACK TRL  
City-St-Zip: FOREST PARK, GA 302973113

Title: D ( ) Delete  
Name: STEPHENS, MARIE  
Address: 919 HILLSCREST DR #615  
City-St-Zip: HOLLYWOOD, FL 33021

Title: DS ( ) Delete  
Name: JOSEPH, INEZ  
Address: 9480 FOWLER AVE  
City-St-Zip: THONOTOSASSA, FL 33592

**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:

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: BEATRICE W. SPEARMAN

PTD

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date