

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90011 035 ****70.00

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DOCUMENT # N03000009905					
1. Entity Name THE INSTITUTE FOR GROWTH & DEVELOPMENT, INC.					
Principal Place of Business 1726 KINGSLEY AVE, STE 2 ORANGE PARK, FL 32073		Mailing Address 1726 KINGSLEY AVE, STE 2 ORANGE PARK, FL 32073			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 30-0217525	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PARKER, JENNIFER 1726 KINGSLEY AVE, STE 2 ORANGE PARK, FL 32073			Name <u>Irene M. Toto</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>1726 Kingsley Avenue Suite 2</u>		
			City <u>Orange Park</u> FL Zip Code <u>32073</u>		
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 <u>[Signature]</u>		IRENE TOTO		7-27-05	
Signature, type or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE	Office	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, JOHN		NAME		
STREET ADDRESS	2322 GLEN FINNAN DR		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFORD, JOYCE		NAME		
STREET ADDRESS	4805 WAVERLY LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP		
TITLE	CEO	<input checked="" type="checkbox"/> Delete	TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATCHISON, GAIL PH.D		NAME	Irene M. TOTO	
STREET ADDRESS	1747 OCEAN GROVE DRIVE		STREET ADDRESS	2265 Post Street	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	VICE Chairperson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIM, JANET		NAME		
STREET ADDRESS	2399 OAK CT		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE	DST	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESTAGE, HELEN		NAME		
STREET ADDRESS	1782 LONG SLOUGH W		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32003		CITY-ST-ZIP		
TITLE	DC	<input type="checkbox"/> Delete	TITLE	Chairperson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDER, BETH		NAME		
STREET ADDRESS	1097 BELLE ANGELINE CT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>[Signature]</u>		7-27-05		278-5644	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	