

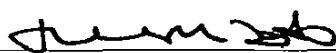


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 30-0217525	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				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 PARKER, JENNIFER 1726 KINGSLEY AVE, STE 2 ORANGE PARK, FL 32073			7. Name and Address of New Registered Agent Name Irene M. Toto Street Address (P.O. Box Number is Not Acceptable) 1726 Kingsley Avenue Suite 2 City Orange Park FL Zip Code 32073		
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  Irene Toto 7-27-05 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, JOHN 2322 GLEN FINNAN DR ORANGE PARK, FL 32073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Office <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALFORD, JOYCE 4805 WAVERLY LANE JACKSONVILLE, FL 32210		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ATCHISON, GAIL PH.D 1747 OCEAN GROVE DRIVE ATLANTIC BEACH, FL 32233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Irene M. Toto 2265 Post Street Jacksonville, FL 32204	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRIM, JANET 2399 OAK CT ORANGE PARK, FL 32073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE Chairperson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LESTAGE, HELEN 1782 LONG SLOUGH W ORANGE PARK, FL 32003		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LINDER, BETH 1097 BELLE ANGELINE CT JACKSONVILLE, FL 32223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairperson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  7-27-05 278-5644 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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07012005 Chg-NP CR2E037 (10/03)