


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000001297					
1. Entity Name INDEPENDENT BUSINESS AND COMMUNITY ALLIANCE INC.					
Principal Place of Business 852 MADERIA CIRCLE TALLAHASSEE FL 32312			Mailing Address 852 MADERIA CIRCLE TALLAHASSEE FL 32312		
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 20-0812495	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HALLECK, WENDY 852 MADERIA CIRCLE TALLAHASSEE FL 32312				7. Name and Address of New Registered Agent	
				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 <u><i>Wendy Halleck</i></u> 4/11/06 <small>Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006			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					
TITLE	P	<input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	HALLECK, WENDY			<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS	852 MADERIA CIRCLE				
CITY - ST - ZIP	TALLAHASSEE FL 32312				
TITLE	V	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	TEDIO, BETH				
STREET ADDRESS	1907 DEVRA DR.				
CITY - ST - ZIP	TALLAHASSEE FL 32303				
TITLE	S	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	WALKER, MELISSA				
STREET ADDRESS	5308 VILLAGE WAY				
CITY - ST - ZIP	TALLAHASSEE FL 32303				
TITLE	M	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	BIELEC, ZAN				
STREET ADDRESS	416 WESTWOOD DRIVE NORTH				
CITY - ST - ZIP	TALLAHASSEE FL 32304				
TITLE	T	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	LOEWEN, KAREN				
STREET ADDRESS	1909 HIDDEN VALLEY				
CITY - ST - ZIP	TALLAHASSEE FL 32308				
TITLE		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME					
STREET ADDRESS					
CITY - ST - ZIP					



1st MOORE CR2E037 (10/05)

4. FEI Number **20-0812495**

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

7. Name and Address of New Registered Agent

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 *Wendy Halleck* 4/11/06
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	HALLECK, WENDY			NAME			
STREET ADDRESS	852 MADERIA CIRCLE			STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE FL 32312			CITY - ST - ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	TEDIO, BETH			NAME			
STREET ADDRESS	1907 DEVRA DR.			STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE FL 32303			CITY - ST - ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	WALKER, MELISSA			NAME			
STREET ADDRESS	5308 VILLAGE WAY			STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE FL 32303			CITY - ST - ZIP			
TITLE	M	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	BIELEC, ZAN			NAME			
STREET ADDRESS	416 WESTWOOD DRIVE NORTH			STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE FL 32304			CITY - ST - ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	LOEWEN, KAREN			NAME			
STREET ADDRESS	1909 HIDDEN VALLEY			STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE FL 32308			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

U00000508457
04/28/06-80004-015 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Wendy Halleck* 4/11/06 385-1553