

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001297

FILED  
Mar 26, 2007  
Secretary of State

**Entity Name:** INDEPENDENT BUSINESS AND COMMUNITY ALLIANCE INC.

**Current Principal Place of Business:**

852 MADERIA CIRCLE  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

852 MADERIA CIRCLE  
TALLAHASSEE, FL 32312

**New Mailing Address:**

**FEI Number:** 20-0812495

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HALLECK, WENDY  
852 MADERIA CIRCLE  
TALLAHASSEE, FL 32312 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: P ( ) Delete  
Name: HALLECK, WENDY  
Address: 852 MADERIA CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: V ( ) Delete  
Name: TEDIO, BETH  
Address: 1907 DEVRA DR.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: S ( ) Delete  
Name: WALKER, MELISSA  
Address: 5308 VILLAGE WAY  
City-St-Zip: TALLAHASSEE, FL 32303

Title: M ( ) Delete  
Name: BIELEC, ZAN  
Address: 416 WESTWOOD DRIVE NORTH  
City-St-Zip: TALLAHASSEE, FL 32304

Title: T ( ) Delete  
Name: LOEWEN, KAREN  
Address: 1909 HIDDEN VALLEY  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: ALTMAN, GAIL  
Address: 4191 BRADFORDVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32309

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 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: WENDY L. HALLECK

PRES

03/26/2007

Electronic Signature of Signing Officer or Director

Date