

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001297

FILED
Apr 27, 2009
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:

625A INDUSTRIAL DRIVE
TALLAHASSEE, FL 32310

Current Mailing Address:

852 MADERIA CIRCLE
TALLAHASSEE, FL 32312

New Mailing Address:

PO BOX 38542
TALLAHASSEE, FL 32315

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:

BIELEC, KIMBERLY Z
625A INDUSTRIAL DRIVE
TALLAHASSEE, FL 32310 US

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: KIMBERLY ZAN BIELEC

04/27/2009

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: BIELEC, ZAN
Address: 416 WESTWOOD DRIVE NORTH
City-St-Zip: TALLAHASSEE, FL 32304

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BIELEC, KIMBERLY Z
Address: 625A INDUSTRIAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32310

Title: V (X) Change () Addition
Name: LOEWEN, KAREN
Address: 1909 HIDDEN VALLEY
City-St-Zip: TALLAHASSEE, FL 32308

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: KIMBERLY ZAN BIELEC

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date