

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 13, 2005
Secretary of State

DOCUMENT# N04000001647

Entity Name: INGA ELLZEY CHIS FOUNDATION, INC.**Current Principal Place of Business:**1211 SEMORAN BLVD, STE 171
CASSELBERRY, FL 327076442**New Principal Place of Business:****Current Mailing Address:**1211 SEMORAN BLVD, STE 171
CASSELBERRY, FL 327076442**New Mailing Address:****FEI Number:** 59-3790159**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PHILLIPPI, WILLIAM C
B & C CORPORATE SERVICES, INC.
201 S BISCAYNE BLVD, STE 3000
MIAMI, FL 33131 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:** D () Delete
Name: ELLZEY, INGEBORG C
Address: 1211 SEMORAN BLVD, STE 171
City-St-Zip: CASSELBERRY, FL 327076442**Title:** D () Delete
Name: ELLZEY, KARL M
Address: 1211 SEMORAN BLVD, STE 171
City-St-Zip: CASSELBERRY, FL 327076442**Title:** D () Delete
Name: KRIER-MORROW, DIANE
Address: 1211 SEMORAN BLVD, STE 171
City-St-Zip: CASSELBERRY, FL 327076442**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D () Change (X) Addition
Name: ETEM, ERGEAN
Address: 1211 SEMORAN BLVD. SUITE 171
City-St-Zip: CASSELBERRY, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ERGEAN ETEM

D

07/13/2005

Electronic Signature of Signing Officer or Director

Date