

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 05, 2006 8:00 am**  
**Secretary of State**

09-05-2006 90026 034 \*\*\*\*61.25

**60038467**



07052006 Chg-NP CR2E037 (4/06)

<b>DOCUMENT # N04000001647</b>							
<b>1. Entity Name</b> INGA ELLZEY CHIS FOUNDATION, INC.							
<b>Principal Place of Business</b> 1211 SEMORAN BLVD, STE 171 CASSELBERRY, FL 32707-64 42			<b>Mailing Address</b> 1211 SEMORAN BLVD, STE 171 CASSELBERRY, FL 32707-64 42				
<b>2. Principal Place of Business</b> 125 OXFORD ROAD Suite, Apt. #, etc.		<b>3. Mailing Address</b> 125 OXFORD ROAD Suite, Apt. #, etc.		<b>4. FEI Number</b> 59-3790159 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
<b>City &amp; State</b> CASSELBERRY, FL		<b>City &amp; State</b> CASSELBERRY, FL					
<b>Zip</b> 32730-2111		<b>Country</b> US					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b> PHILLIPPI, WILLIAM C B & C CORPORATE SERVICES, INC. 201 S BISCAYNE BLVD, STE 3000 MIAMI, FL 33131			
<b>7. Name and Address of New Registered Agent</b>							
<b>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.</b>				SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> D <b>NAME</b> ELLZEY, INGEBOG C <b>STREET ADDRESS</b> 1211 SEMORAN BLVD, STE 171 <b>CITY-ST-ZIP</b> CASSELBERRY, FL 327076442	<input type="checkbox"/> Delete						
<b>TITLE</b> D <b>NAME</b> ELLZEY, KARL M <b>STREET ADDRESS</b> 1211 SEMORAN BLVD, STE 171 <b>CITY-ST-ZIP</b> CASSELBERRY, FL 327076442	<input type="checkbox"/> Delete						
<b>TITLE</b> D <b>NAME</b> KRIER-MORROW, DIANE <b>STREET ADDRESS</b> 1211 SEMORAN BLVD, STE 171 <b>CITY-ST-ZIP</b> CASSELBERRY, FL 327076442	<input type="checkbox"/> Delete						
<b>TITLE</b> D <b>NAME</b> ETEM, ERGEAN <b>STREET ADDRESS</b> 1211 SEMORAN BLVD. SUITE 171 <b>CITY-ST-ZIP</b> CASSELBERRY, FL 32789	<input type="checkbox"/> Delete						
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>							
<b>SIGNATURE:</b> _____							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
Date: 8-12-06							
Daytime Phone #							