

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90296 018 ****70.00

DOCUMENT # N04000007029

1. Entity Name

IBF CHARITIES, INC.



Principal Place of Business

1717 KAMLER AVE
ORLANDO FL 32817

Mailing Address

1717 KAMLER AVE
ORLANDO FL 32817

2. Principal Place of Business

3. Mailing Address

IBF CHARITIES INC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO Box 780782

City & State

City & State

ORLANDO, FL

Zip

Country

Zip

Country

32878-0782

USA



1st MOORE

CR2E037 (10/04)

4. FEI Number

55-0881186

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANCO, MICHAEL
10953 LANESBORO COURT
ORLANDO FL 32825

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

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, 2005

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
NAME	BRANCO, MICHAEL	
STREET ADDRESS	10953 LANESBORO COURT	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	V	<input type="checkbox"/> Delete
NAME	BURKETT, RUSSELL	
STREET ADDRESS	20999 BROWN ROAD	
CITY-ST-ZIP	CHRISTMAS FL 32709	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAKIELA, DAVID	
STREET ADDRESS	3957 MAGNOLIA LAKE LANE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Michael P. Branco Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-05 407-277-9016