

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007029

FILED
Apr 27, 2008
Secretary of State

Entity Name: IBF CHARITIES, INC.

Current Principal Place of Business:

1717 KAMLER AVE
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

IBF CHARITIES INC
P O BOX 780782
ORLANDO, FL 32878

New Mailing Address:

FEI Number: 55-0881186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANCO, MICHAEL
10953 LANESBORO COURT
ORLANDO, FL 32825 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: BRANCO, MICHAEL
Address: 10953 LANESBORO COURT
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: BURKETT, RUSSELL
Address: 20999 BROWN ROAD
City-St-Zip: CHRISTMAS, FL 32709

Title: D () Delete
Name: LEWELLEN, MICHAEL
Address: 1005 TURKEY HOLLOW CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

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:

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: MICHAEL LEWELLEN

D

04/27/2008

Electronic Signature of Signing Officer or Director

Date