


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 OCT -1 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000010649 1. Entity Name IDEAL PLACE, INC.					
Principal Place of Business 420 CAROLINA AVE FT. LAUDERDALE, FL 33312-1902				Mailing Address 420 CAROLINA AVE FT. LAUDERDALE, FL 33312-1902	
2. Principal Place of Business - No P.O. Box # 420 Carolina Ave		3. Mailing Address 33 S.E. Mead Place			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ft. Lauderdale FL		City & State Stuart FL		4. FEI Number 20-3662757	
Zip 33312		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBINSON, CAROLYN 420 CAROLINA AVENUE FT. LAUDERDALE, FL 33312-1902				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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.					
400136581134 10/02/08--01048--011 **70.00					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D ROBINSON, CAROLYN 420 CAROLINA AVENUE FT. LAUDERDALE, FL 333121902	<input type="checkbox"/> Delete	TITLE	D Carolyn Robinson 420 Carolina Ave. Ft. Lauderdale FL 33312	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, CAROLYN		NAME	Carolyn Robinson	
STREET ADDRESS	420 CAROLINA AVENUE		STREET ADDRESS	420 Carolina Ave.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 333121902		CITY-ST-ZIP	Ft. Lauderdale FL 33312	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCUS, HARRY		NAME	Marcus, Harry	
STREET ADDRESS	420 CAROLINA AVENUE		STREET ADDRESS	420 Carolina Ave	
CITY-ST-ZIP	FT. LAUDERDALE, FL 333121902		CITY-ST-ZIP	Ft. Lauderdale FL 33312	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTY, CHRISTOPHER		NAME	Carty, Christopher	
STREET ADDRESS	420 CAROLINA AVENUE		STREET ADDRESS	420 Carolina Ave	
CITY-ST-ZIP	FT. LAUDERDALE, FL 333121902		CITY-ST-ZIP	33312	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATKINS, CINDY		NAME	Watkins, Cindy	
STREET ADDRESS	420 CAROLINA AVENUE		STREET ADDRESS	420 Carolina Ave	
CITY-ST-ZIP	FT. LAUDERDALE, FL 333121902		CITY-ST-ZIP	Ft. Lauderdale FL 33312	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLOYD, REVERAND		NAME	Lloyd, Reverand J.	
STREET ADDRESS	420 CAROLINA AVENUE		STREET ADDRESS	420 Carolina Ave	
CITY-ST-ZIP	FT. LAUDERDALE, FL 333121902		CITY-ST-ZIP	Ft. Lauderdale FL 33312	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTY, CYNTHIA J		NAME	McCarty, Cynthia J.	
STREET ADDRESS	420 CAROLINA AVE		STREET ADDRESS	420 Carolina Ave	
CITY-ST-ZIP	FORT LAUDERDALE, FL 333121902		CITY-ST-ZIP	Ft. Lauderdale FL 33312	
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.					
SIGNATURE: <u>Carolyn Robinson</u> / <u>Carolyn Robinson</u> Date: <u>Aug-12, 08</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					