

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010649

FILED
May 02, 2009
Secretary of State

Entity Name: IDEAL PLACE, INC.

Current Principal Place of Business:

420 CAROLINA AVE
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

53 S.E. MEAD PLACE
STUART, FL 34997

New Mailing Address:

FEI Number: 20-3662757 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ROBINSON, CAROLYN
420 CAROLINA AVENUE
FT. LAUDERDALE, FL 333121902 US

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: ROBINSON, CAROLYN
Address: 420 CAROLINA AVENUE
City-St-Zip: FT. LAUDERDALE, FL 333121902

Title: D () Delete
Name: MARCUS, HARRY
Address: 420 CAROLINA AVENUE
City-St-Zip: FT. LAUDERDALE, FL 333121902

Title: D () Delete
Name: CARTY, CHRISTOPHER
Address: 420 CAROLINA AVENUE
City-St-Zip: FT. LAUDERDALE, FL 333121902

Title: D () Delete
Name: WATKINS, CINDY
Address: 420 CAROLINA AVENUE
City-St-Zip: FT. LAUDERDALE, FL 333121902

Title: D () Delete
Name: LLOYD, REVERAND J
Address: 420 CAROLINA AVENUE
City-St-Zip: FT. LAUDERDALE, FL 333121902

Title: D () Delete
Name: MCCARTY, CYNTHIA J
Address: 420 CAROLINA AVE
City-St-Zip: FORT LAUDERDALE, FL 333121902

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: () 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: CAROLYN ROBINSON

D

05/02/2009

Electronic Signature of Signing Officer or Director

Date