


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90014 009 ****61.25

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1. Entity Name
INTERNATIONAL BROTHERHOOD OF MAGICIANS RING
258 LAKE COUNTY MAGIC ASSOCIATION INC.



Principal Place of Business
21152 ROYAL ST. GEORGE LANE
LEESBURG, FL 34748

Mailing Address
21152 ROYAL ST. GEORGE LANE
LEESBURG, FL 34748

4001342



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

02022008 Chg-NP CR2E037 (12/06)

4. FEI Number
84-1659850

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MOODY, JAMES
21152 ROYAL ST. GEORGE LANE
LEESBURG, FL 34748

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

TITLE	T	<input type="checkbox"/> Delete
NAME	SMALLWOOD, GEORGE L	
STREET ADDRESS	8141 LAKESIDE DRIVE	
CITY-ST-ZIP	YALAHA, FL 34797	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KONSTAN, ALLAN	
STREET ADDRESS	11218 PINE RIDGE ROAD	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOODY, JAMES	
STREET ADDRESS	21152 ROYAL ST. GEORGES	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCAVUZZO, WILLIAM	
STREET ADDRESS	10832 LOG HOUSE ROAD	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	VP	<input type="checkbox"/> Delete
NAME	REID, ROGER	
STREET ADDRESS	531 HEATHER BRITE CIRCLE	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEWLETT, RICHARD	
STREET ADDRESS	906 WEST CHURCH STREET	
CITY-ST-ZIP	DELAND, FL 32720	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALLWOOD, GEORGE L.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IANSUTZ	
STREET ADDRESS	P.O. BOX 1925	
CITY-ST-ZIP	BUSHNELL, FLORIDA 33513	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOODY, JAMES	
STREET ADDRESS	21152 ROYAL ST. GEORGES	
CITY-ST-ZIP	LEESBURG, FLORIDA 34748	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *George L. Smallwood* **GEORGE L. SMALLWOOD** 2/2/08 (352) 324 1151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #