2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N06000010414

Entity Name: IDW CENTER, INC.

Current Principal Place of Business:

200 WRIGHT STREET
GROVELAND, FL 34736

New Principal Place of Business:

Current Mailing Address:

200 WRIGHT STREET
GROVELAND, FL 34736

New Mailing Address:

FEI Number: 32-0182100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILKES, ISAAC D SR.
200 WRIGHT STREET
GROVELAND, FL 34736 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: P ( ) Delete
Name: WILKES, ISAAC D SR.
Address: 200 WRIGHT STREET
City-St-Zip: GROVELAND, FL 34736

Title: VP ( ) Delete
Name: DAVIS, JAMES
Address: 34 LAKE JACKSON DRIVE
City-St-Zip: MASCOTTE, FL 34753

Title: TRST ( ) Delete
Name: BEASLEY, RONALD
Address: 2251 CRAWFORD STREET
City-St-Zip: MASCOTTE, FL 34753

Title: TRST ( ) Delete
Name: WILKES, MARGIE
Address: 200 WRIGHT STREET
City-St-Zip: GROVELAND, FL 34736

Title: TRST ( ) Delete
Name: JOHNSON, DARON
Address: 11529 CLAIR PL
City-St-Zip: CLERMONT, FL 34711

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:

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: ISAAC D.WILKES PAST 02/05/2009

Electronic Signature of Signing Officer or Director — Date