

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012334

FILED  
Sep 05, 2007  
Secretary of State

Entity Name: IHWN, INC.

## Current Principal Place of Business:

5725 N. APOPKA VINELAND ROAD  
ORLANDO, FL 32818

## New Principal Place of Business:

## Current Mailing Address:

5725 N. APOPKA VINELAND ROAD  
ORLANDO, FL 32818

## New Mailing Address:

FEI Number: 20-5967508      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:

KAPES, KIM  
5725 N. APOPKA VINELAND ROAD  
ORLANDO, FL 32818      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: KAPES, KIM  
Address: 5725 N. APOPKA VINELAND ROAD  
City-St-Zip: ORLANDO, FL 32818

Title: VP ( ) Delete  
Name: CAROLYN, WITHERSPOON  
Address: 3691 SCOTTSDALE DRIVE  
City-St-Zip: IRVINE, CA 92606

Title: AD ( ) Delete  
Name: ESHLEMAN, EDITH  
Address: 7900 PEBBLE BROOK COURT  
City-St-Zip: SPRINGFIELD, VA 22153

Title: FD ( ) Delete  
Name: WITHERSPOON, DAVID  
Address: 3691 SCOTTSDALE DRIVE  
City-St-Zip: IRVINE, CA 92606

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: BONE, ELLEN E  
Address: 5725 N. APOPKA VINELAND RD  
City-St-Zip: ORLANDO, FL 32818

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AD (X) Change ( ) Addition  
Name: CAPPABIANCA, SHERRI  
Address: 1493 WESTCHESTER AVENUE  
City-St-Zip: WINTER PARK, FL 32789

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: KIM KAPES

P

09/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date