

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003424

FILED
Jan 19, 2009
Secretary of State

Entity Name: THE INSTITUTE FOR ORGANIZATIONAL EFFECTIVENESS AND ACCOUNTABILITY, INC

Current Principal Place of Business:

17838 N US HWY 41
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

17838 N US HWY 41
LUTZ, FL 33549

New Mailing Address:

FEI Number: 51-0630834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARON, NANCY
17838 N US HWY 41
LUTZ, FL 33549 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: DIR () Delete
Name: BARON, GREGG
Address: 17838 N US HWY 41
City-St-Zip: LUTZ, FL 33549

Title: DIR () Delete
Name: GRIMSHAW, JEFF
Address: 17838 N US HWY 41
City-St-Zip: LUTZ, FL 33549

Title: DIR (X) Delete
Name: BARON, NANCY
Address: 17838 N US HWY 41
City-St-Zip: LUTZ, FL 33549

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:

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: NANCY BARON

ACCT

01/19/2009

Electronic Signature of Signing Officer or Director

Date