

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005322

FILED
Jul 06, 2008
Secretary of State

Entity Name: ICAN/ICAN TOO ORGANIZATION, INC.

Current Principal Place of Business:

101 CHERRY
HAVANA, FL 32333

New Principal Place of Business:

Current Mailing Address:

101 CHERRY
HAVANA, FL 32333

New Mailing Address:

FEI Number: 20-8995080 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:

AARON, SHIRLEY L
101 CHERRY
HAVANA, FL 32333 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: D () Delete
Name: AARON, SHIRLEY L DR.
Address: 101 CHERRY
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: CUNNINGHAM, NELL
Address: 310 BOSTIC RD
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: MERCER, SARA J
Address: 364 HICKORY LANE
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: NORRIS, VERNA DR.
Address: 1210 KENP RD
City-St-Zip: HAVANA, FL 32333

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: EARNHART, ETHLYNN L
Address: 101 CHERRY AVE.
City-St-Zip: HAVANA, FL 32333

Title: D (X) Change () Addition
Name: NORRIS, VERNA DR.
Address: 1210 KEMP RD
City-St-Zip: HAVANA, FL 32333

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: SHIRLEY L. AARON

DIR.

07/06/2008

Electronic Signature of Signing Officer or Director

Date