

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005471

FILED
May 01, 2009
Secretary of State

Entity Name: INGRID'S VILLAGES, INC.

Current Principal Place of Business:

2257 WORLD PARKWAY BLVD W.
61
CLEARWATER, FL 33763

New Principal Place of Business:

Current Mailing Address:

2257 WORLD PARKWAY BLVD W.
61
CLEARWATER, FL 33763

New Mailing Address:

FEI Number: 26-0239434 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:

JONES, THOMAS L
2259 COSTA RICAN DRIVE APT 1
CLEARWATER, FL 33763 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,P, () Delete
Name: JONES, THOMAS L
Address: 2259 COSTA RICAN DRIVE APT 1
City-St-Zip: CLEARWATER, FL 33763

Title: D,VP () Delete
Name: HADLEY-JONES, INGRID K
Address: 2259 COSTA RICAN DR, APT 1
City-St-Zip: CLEARWATER, FL 33763

Title: D () Delete
Name: MAKIN, EDWARD
Address: 1841 DEL ROBLES TERRACE
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: POWERS, SHAUN
Address: 1738 WINFIELD RD N
City-St-Zip: CLEARWATER, FL 33756

Title: D,T (X) Delete
Name: RETT, DONALD A
Address: 1660 METROPOLITAN CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

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: THOMAS L. JONES

D.P.

05/01/2009

Electronic Signature of Signing Officer or Director

Date