

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012182

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** INTERCOLLEGIATE ONLINE ATHLETIC CONFERENCE INC.

**Current Principal Place of Business:**

761 N E HARBOUR DR  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 811989  
BOCA RATON, FL 33481

**New Mailing Address:**

761 N E HARBOUR DR  
BOCA RATON, FL 33431 US

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHMOKE, L. JOSEPH  
761 N E HARBOUR DR  
BOCA RATON, FL 33431 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,S ( ) Delete  
Name: SCHMOKE, L. JOSEPH  
Address: 761 N E HARBOUR DR  
City-St-Zip: BOCA RATON, FL 33431 US

Title: VP,T ( ) Delete  
Name: KASSNER, E. DONALD  
Address: 3377 CAHABA RIVER ESTATES  
City-St-Zip: HOOVER, AL 35244 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: JOSEPH SCHMOKE

PS

04/30/2009

Electronic Signature of Signing Officer or Director

Date