

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009855

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** INTERNATIONAL BROTHERHOOD OF MAGICIANS, RING 130, INC.

**Current Principal Place of Business:**

1825 EVANS DRIVE S  
JACKSONVILLE BEACH, FL 32250 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 51235  
JACKSONVILLE BEACH, FL 322401235 US

**New Mailing Address:**

**FEI Number:** 80-0288300      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

MARRON, SIMONE  
1825 EVANS DRIVE S  
JACKSONVILLE BEACH, FL 32250 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: WOLFRAM, DOUG C  
Address: 1423 RIVERGATE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: VP ( ) Delete  
Name: LINGLE, STEVE  
Address: 7170 CYPRESS COVE ROAD  
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: T ( ) Delete  
Name: JOHNSON, ANDREW  
Address: 4635 ATTLEBORO STREET  
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: S ( ) Delete  
Name: MARRON, SIMONE  
Address: 1825 EVANS DRIVE S  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: SA ( ) Delete  
Name: ZHUKOV, NIKOLAY  
Address: 3561 GRASSY RIDE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223 US

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

Title: P (X) Change ( ) Addition  
Name: JOUBERT, DAN  
Address: 12622 ASH HARBOR DRIVE  
City-St-Zip: JACKSONVILLE, FL 32224 US

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: SIMONE MARRON

S

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date