

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007420

FILED  
Jan 15, 2010  
Secretary of State

**Entity Name:** IMPAIRED DRIVING EDUCATION AND VICTIM SERVICES, INC

**Current Principal Place of Business:**

521 SOUTHEAST 26TH COURT  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

521 SOUTHEAST 26TH COURT  
OCALA, FL 34471

**New Mailing Address:**

PO BOX 773743  
OCALA, FL 34477 37

**FEI Number:** 27-0422065

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KINSLER, ANITA  
521 SOUTHEAST 26TH COURT  
OCALA, FL 34471 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: T  
Name: WIXON, WILLIAM  
Address: 7527 SW 78 ST.  
City-St-Zip: Ocala, FL 34471

Title: V  
Name: CALLOWAY, KAREN  
Address: 164 WALNUT RD.  
City-St-Zip: Ocala, FL 34480

Title: S  
Name: WIXON, JILL  
Address: 7527 SW 78TH ST  
City-St-Zip: Ocala, FL 34476

Title: C  
Name: KINSLER, ANITA  
Address: 1701 NE 39 AVE #303  
City-St-Zip: Ocala, FL 34470

I hereby 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 all other like empowered.

**SIGNATURE:** WILLIAM J WIXON

T

01/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date