

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007420

FILED
Feb 25, 2012
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:

PO BOX 773743
OCALA, FL 34477 37

New Mailing Address:

PO BOX 356
OCALA, FL 34478

FEI Number: 27-0422065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: CHANEY, LOURDES
Address: 1135 NE 12TH DR
City-St-Zip: Ocala, FL 34470

Title: V
Name: CALLOWAY, KAREN
Address: 800 NE 45TH PL
City-St-Zip: Ocala, FL 34479

Title: S
Name: COX, NATALIA
Address: 50 TEAK LOOP
City-St-Zip: Ocala, FL 34472

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

Title: V A
Name: MYERS, TAMMY
Address: 11210 SW 186TH CIRCLE
City-St-Zip: DUNNELLON, FL 34432

Title: C L
Name: RANKIN, LINDA
Address: 5731 NW 62ND PL
City-St-Zip: Ocala, FL 34482

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: KAREN CALLOWAY

V

02/25/2012

Electronic Signature of Signing Officer or Director

Date