

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002876

FILED  
Feb 03, 2012  
Secretary of State

**Entity Name:** IRACEFORCAUSE CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

3409 FIDDLE LEAF WAY  
LAKELAND, FL 33811

**New Principal Place of Business:**

3409 FIDDLE LEAF WAY  
LAKELAND, FL 33811 UN

**Current Mailing Address:**

P.O. BOX 3592  
LAKELAND, FL 33802

**New Mailing Address:**

**FEI Number:** 27-5499465      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

TRANSUE, KEVIN D  
3409 FIDDLE LEAF WAY  
LAKELAND, FL FL 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  
Name: SHEPARD, JASON  
Address: 2540 LAUREL GLEN DR  
City-St-Zip: LAKELAND, FL 33811

Title: VP  
Name: TRANSUE, KEVIN  
Address: 3409 FIDDLE LEAF WAY  
City-St-Zip: LAKELAND, FL 33811

Title: S  
Name: MCCABE, SHAWN  
Address: 4335 WATKINS LANE  
City-St-Zip: LAKELAND, FL 33813

Title: T  
Name: PARKER, SCOTT  
Address: 2050 INDIAN SKY CIRCLE  
City-St-Zip: LAKELAND, FL 33813

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: KEVIN D TRASNUE

VP

02/03/2012

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

\_\_\_\_\_  
Date