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NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation	IDA LEAGUE OF PROFESS	(-/) .					
Principal Place	e of Business	Mailing Address		******	 1888 1984 889 1881 888 1884			
516 N ADAMS ST. PO BOX 784 TALLAHASSEE FL 32301 TALLAHASSEE FL 323			102					
US		U\$			3. Date Incorporated or Qualified 10/12/1989		e of Last 05/01/	
	lace of Business	2a. Mailing Address			4. FEI Number	···		Applied For
Suite, Apt.	# oto	26			59-2969272			Not Applicable
22	#1 610.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional
City & State	e	City & State			6. Election Campaign Financing			Required
23		28			Trust Fund Contribution			00 May Be ed to Fees
Zip	Country	Zip	Country	1	8. This corporation has liability for in	ntangible tax		
24	25 9. Name and Address of Curre	29	[30]		Florida Statutes] Yes X [] (No	
	o. Hemo and Address of Curre	ant vedistelen Ağetit	81	Name	10. Name and Address of New Re	gistered A	gent	
SHEBEL, JON L. 516 NORTH ADAMS STREET TALLAHASSEE FL 32301					dress (P.O. Box Number is Not Acceptable	e)		
	, , , , , , , , , , , , , , , , , , ,		84	City			85 Zi	p Code
11 Durament	to the provisions of Sections 617 OFC	20 and 617 1500 Finds 644				<u>FL</u>	<u> </u>	
or register familiar wit	red agent, or both, in the State of Flor ith, and accept the obligations of, Sec	nd 517.1508, Florida Statut rida. Such change was authoriz ction 617.0503, Florida Statutes	es, the above-red by the corp s.	named corpor oration's boar	ration submits this statement for the purp ard of directors. I hereby accept the appo	ose of chan intment as r	ging its i egistered	registered office dagent. Lam
familiar wit	ith, and accept the obligations of, Sec	ction 617.0503, Florida Statutes	ed by the corp s.	oration s poat	ro or arectors. I nereby accept the appo	oose of chan intment as r	iging its i egistered	registered office d agent. I am
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SIGNATURE:

Prestaente CEO

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(904)224-7173