FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N36924

(1)

THE	IDONBAA	I COUNDATION	INC
IHE	IKUNMAD	N FOUNDATION	i. INU.

11111		.			
Principal Place of Business		Mailing Address			INDE ANDRE BUDGE BUDGE BUDGE BUDGE BUDGE
43309 US HWY 19 N POB-1606- TARPON SPRINGS FL 34588-8660-		43300 US HWY 18 N POE TARPON SPRINGS FL 346			
				3. Date Incorporated or Qualified 03/06/1990	3a. Date of Last Report 02/13/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number 59-2990524	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			S8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	•	Crty & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24 346	Country 25	ZIP 3	Country 0	This corporation has liability for in Florida Statutes	
24 570	9. Name and Address of Curre		1	10. Name and Address of New Re	1
			B1 Name		
YATES, DAVID			82 Street Addre	ess (P.O. Box Number is Not Acceptable)
43309 US HWY 19 N			83		
IAMPUN	SPRINGS FL 34689				[a-1 7 . O. II
			84 City		FL 85 Zip Code
or register	to the provisions of Sections 617.050 ed agent, or both, in the State of Flo th, and accept the obligations of, Sec	rida. Such change was authorized.	the above-named corpora by the corporation's boar	ation submits this statement for the purp d of directors. I hereby accept the appoi	ose of changing its registered office ntment as registered agent. I am
SIGNATURE	in, and accept the congenions of, con				,
	Signature, typed or printed name of registered age		Registered Agent signature required		DATE
12.	OFFICERS AF	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
TITLE NAME	FRIEDLAND, LEW	Писс	1.2 NAME		
STREET ADDRESS	43309 US HWY 19 N		1 3 STREET ADDRESS		
CITY - ST - ZIP	TARPON SPRINGS FL		1.4 CITY - ST - ZIP		
TITLE	DST	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	YATES, DAVID		2.2 NAME		
STREET ADDRESS	43309 US HWY 19 N		2 3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		2 4 CITY - ST - ZIP		
TITLE	DP	☐ DELETE	3 1 TITLE		Change Addition
NAME	LAIRD, BOB		3 2 NAME		
STREET ADDRESS	43309 US HWY 19 N		3 3 STREET ADDRESS		
CITY - ST - ZIF	TARPON SPRINGS FL		3 4. CITY - ST - ZIP		Change D Addition
TITLE	D	□DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ACKLES, SHARRON		4. 2 NAME		
STREET ADDRESS	75-170 HUALALAI RD		4 3 STREET ADDRESS		
CITY - ST - ZIP	KAILUA-KONA HI	DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE	DV OFFINA	∐ Dete it	5 1 TITLE		L_O lange Rudnion
NAME	ROTT, GERRY		5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS	43309 US HWY 19 N		5 4 CITY - ST - ZIP		
CITY+ST+ZIP T-TLE	TARPON SPGS FL	DELETE	61 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		ļ
ULIT TO LE ZIF			4 4 601 1 OV. Tot		

14. I do hereby certify that the information supplied with this filing is voluntarily jurnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report of supplier legital/annual report is true and accurate and that my 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 in Block 13 if chapter 5 or on an attachment yith an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTIO NAME OF STONING OFFICER OR DIRECTOR

LEW FRIEDLAND 1-19-96 813-942-2591

CR2E037 (12/95)