


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 07, 2006 8:00 am**  
**Secretary of State**

09-07-2006 90013 009 \*\*\*\*70.00

<b>DOCUMENT # N42113</b> 1. Entity Name <b>IAC CHAPTER 89, INC.</b>					
Principal Place of Business <b>IAC CHAPTER 89, INC.</b> <b>8780 SE 70TH TERRACE</b> <b>OCALA, FL 34472 US</b>				Mailing Address <b>IAC CHAPTER 89, INC.</b> <b>8780 SE 70TH TERRACE</b> <b>OCALA, FL 34472 US</b>	
2. Principal Place of Business		3. Mailing Address		08312006 Chg-NP CR2E037 (4/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-3047418</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WEAVER; FREDERICK G</b> <b>8780 SE 70TH TERRACE</b> <b>OCALA, FL 34472</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Frederick G. Weaver</i></u> <u><b>Frederick G. WEAVER - Treasurer, IAC Ch. 89, Inc. Sept 3, 2006</b></u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEBEXEN, RALPH H 8927 SE 72ND AVE OCALA, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUNNOE, JAMES E JR 9479 SE 70TH TERRACE OCALA, FL 34472 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, KEVIN S 8777 SE 71 COURT OCALA, FL 34472 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, RAYMOND L 9180 SE 70 TERR OCALA, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUREL, ALVIN B 9451 S.E. 72ND AVE. OCALA, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEAVER, FREDERICK G 8780 SE 70TH TERRANCE OCALA, FL 34472 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Frederick G. Weaver</i></u> <b>Sept. 3, 2006</b> <b>352-347-7511</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					