2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N94000000573



FILED Mar 24, 2008 8:00 am Secretary of State

03-24-2008 90064 025 ****61.25

1. Entity Name THE INLE		RIVERDALE, INC.			:						
1205 MANATEE AVE W 4 BRADENTON, FL 34205 S			4301 3 STE A 2	Mailing Address 4301 32 ST. WEST STE A 20 BRADENTON, FL 34205							
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	01072008	Chg-NP	CR2E0	37 (12/06)	
City & State			City & State				4. FEI Number 65-0529			No	oplied For ot Applicable
Zip	-	Country	Zip		Cou	ntry		of Status Desired		\$8.75 Add Fee Required	lition <u>al</u> d
6. Name and Address of Current Register			Registered	Agent		Name	7. Name and	Address of New	Registered	Agent	
HAMLIN, C 1205 MAN BRADENT	ATEE AV	EW					s (P.O. Box Numbe	r is Not Acceptab	le)		
						City			FI	Zip Code	e
	named entit ions of regis	ly submits this statement fo tered agent.	or the purpos	e of changing its	registere	ed office or regist	tered agent, or bott	h, in the State of F		_ }	and accept
SIGNATURE .	Signature, typeo	d or printed name of registered agent	and title if applic	able. (NOTE	: Registere	d Agent signature requi	red when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2008											
	-			9. Election Cam Trust Fund C			\$5.00 May Be Added to Fees	- I		k payable to	
10.	-		RECTORS				Added to Fees	- I	rida Depa	rtment of St	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WORTHII 4520 4TH	May 1, 2008 OFFICERS AND DIF	RECTORS		11. TITLE NAM STRE	ion.	Added to Fees	Fic	rida Depa	rtment of St	tate
TITLE NAME STREET ADDRESS	VD WORTHII 4520 4TH BRADEN DST KEATING 4520 4TH	OFFICERS AND DIF NGTON, NORMAN I AVE E TON, FL 34208	RECTORS	Trust Fund C	11. TITLE NAM STRE CITY TITLE NAM STRE	E E E E E E E E E E E E E E E E E E E	Added to Fees	Fic	rida Depa	IRECTORS IN	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VD WORTHII 4520 4TH BRADEN DST KEATING 4520 4TH BRADEN PD KEATING 4520 4TH	OFFICERS AND DIF NGTON, NORMAN I AVE E TON, FL 34208 G, BRENDA H AVE E TON, FL 34208	RECTORS	Trust Fund C	11. TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY	E E E E E E E E E E E E E E E E E E E	Added to Fees	Fic	rida Depa	IRECTORS IN Change	tate I 10 ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VD WORTHII 4520 4TH BRADEN DST KEATING 4520 4TH BRADEN PD KEATING 4520 4TH BRADEN AS BROWN, 4301 32N	OFFICERS AND DIF NGTON, NORMAN HAVE E TON, FL 34208 G, BRENDA HAVE E TON, FL 34208	RECTORS	Trust Fund C	TITLE NAME STREE CITY THE NAME STREET CITY	E E E E E E E E E E E E E E E E E E E	Added to Fees	Fic	rida Depa	IRECTORS IN Change Change	4 10 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	VD WORTHII 4520 4TH BRADEN DST KEATING 4520 4TH BRADEN PD KEATING 4520 4TH BRADEN AS BROWN, 4301 32N BRADEN D MARGE, 4708 SPI	OFFICERS AND DIF NGTON, NORMAN HAVE E TON, FL 34208 G, BRENDA HAVE E TON, FL 34208 G, KENNETH HAVE E TON, FL 34208 MH. CHRIS HD STREET W#A-200 HTON, FL 34205	RECTORS	Trust Fund C	TITLE NAME STREET OF THE NAME ST	E E E E E E E E E E E E E E E E E E E	Added to Fees	Fic	rida Depa	rtment of Si	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WORTHII 4520 4TH BRADEN DST KEATING 4520 4TH BRADEN PD KEATING 4520 4TH BRADEN AS BROWN, 4301 32N BRADEN D MARGE, 4708 SPI BRADEN	OFFICERS AND DIF NGTON, NORMAN BAVE E TON, FL 34208 B, BRENDA BAVE E TON, FL 34208 B, KENNETH BAVE E TON, FL 34208 MH. CHRIS BD STREET W #A-200 ITON, FL 34205 HADLEY INNAKER		Trust Fund C	TITLL NAM STRE CITY THE NAM STRE CITY NA	E E E E E E E E E E E E E E E E E E E	Added to Fees ADDITIONS/CH/	Fig.	ERS AND C	Change C	tate I 10 Addition Addition Addition Addition Addition Addition

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 peport 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 air other, like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #