


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90063 035 ****61.25

DOCUMENT # N95000001516	
1. Entity Name INTERNATIONAL DEVELOPMENT AGENCY, INC.	

Principal Place of Business 8057 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211	Mailing Address 1800 AUSTRALIAN AVENUE SOUTH 100 WEST PALM BEACH, FL 33409
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03152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3353000	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPEER, W M 1800 AUSTRALIAN AVENUE SOUTH 100 WEST PALM BEACH, FL 33409

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD HOWARD, DALE F 8057 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PAYSINGER, DAVID 8057 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEER, W M 1800 AUSTRALIAN AVENUE SOUTH #100 WEST PALM BEACH, FL 33409
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **4/12/05 904-721-4199**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #