

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002961

FILED
Jan 21, 2009
Secretary of State

Entity Name: INDEPENDENT DEVELOPMENT SERVICES CORPORATION

Current Principal Place of Business:

8280 COLLEGE PKWY
SUITE 204
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

8280 COLLEGE PKWY
SUITE 204
FT. MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0592148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, THOMAS
8280 COLLEGE PKWY
SUITE 204
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REGELSKI, DANIEL
Address: 12751 WESTLINKS DRIVE, BLDG 3, UNIT 7
City-St-Zip: FT. MYERS, FL 33913

Title: D () Delete
Name: CLARK, LESTER
Address: 13099 US41 SE, STE 310
City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete
Name: BOWENS, BRENDA
Address: 8523 COMMODITY CIR
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BOWERS, BRENDA
Address: 8523 COMMODITY CIR
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS WALLACE

RA

01/21/2009

Electronic Signature of Signing Officer or Director

Date