## 2005 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## **DOCUMENT # N97000004579**



**Secretary of State** 03-24-2005 90028 010 \*\*\*\*61.25

FILED Mar 24, 2005 8:00 am

I.B. SUPPORT FOUNDATION, INC. Principal Place of Business Mailing Address 500 W. MAXWELL ST. 500 W. MAXWELL ST PENSACOLA, FL 32501 PENSACOLA, FL 32501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02102005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-3495149 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUSTON, GARY W BEGGS & LANE, 3 W. GARDEN ST., STE. 600 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA, FL 32501 City Zin 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filling Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 'Due by May 1, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD X Addition TITLE Delete TITLE Change Axley, Debbie Place CLARK, BLAIR NAME NAME 3401 N 18TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32503 CITY-ST-7IP Pensacola, FL 32503 Addition ☐ Change TITLE Delete TITLE Powell, Carol PEACOCK, JOHN JR NAME NAME 3926 W. Madura Rd. STREET ADDRESS 3990 DURANGO DR STREET ADDRESS PENSACOLA, FL 32504 CITY-ST-ZIP Gulf Breeze, FL 32563 CITY-ST-ZIP TITLE Delete TITLE Change Addition MORRISON AUDREYS NAME NAME 4220 montaluo STREET ADDRESS 3115 BRITTANY CT STREET ADDRESS PENSACOLA, FL 32504 CITY-ST-ZIP FC 32504 CITY-ST-ZIP ✓ Delete TITLE ☐ Change Addition Hillman, Cynthia **BULLOCK, SUSAN** NAME NAME 4495 Whisper Dr. 2320 MAGNOLIA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32503 CITY-ST-ZIP **⊠** Delete TOLE Change Addition NAME HARRIS, DIANA NAME 2014 ESCAMBIA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32503 CITY-ST-7IP - Addition TITLE Delete ☐ Change ORTH, RUTH NAME NAME 2441 N 9TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32503 CITY-ST-ZIP

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: