2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004579

City-St-Zip:

Entity Name: I.B. SUPPORT FOUNDATION, INC.

FILED Apr 16, 2007 Secretary of State

Littly Nai	ille. 1.D. 30FF	ORTTOUNDATION, INC.				
Current P	rincipal Place	of Business:	New Principal Place of Business:			
	AXWELL ST. DLA, FL 32501					
Current M	lailing Addres	ss:	New Mailing Address:			
	AXWELL ST DLA, FL 32501					
FEI Number: 59-3495149 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:	
HUSTON, BEGGS & PENSACC		ARDEN ST., STE. 600 US				
	named entity : e of Florida.	submits this statement for the p	urpose of changing i	ts registered o	office or registered agent, or	both,
SIGNATUR	RE:					
	Electror	ic Signature of Registered Age	ent		Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () AXLEY, DEBBI 681 TENNYSOI PENSACOLA, F	N PLACE	Title: Name: Address: City-St-Zip:	P (X DELL, CAROL 4850 MANOLE PENSACOLA,	TE ST	
Title: Name: Address: City-St-Zip:	V (NIEMEYER, CA 1711 WHALEY PENSACOLA, F	AVE	Title: Name: Address: City-St-Zip:	V (X) FLEISCHHAUE 4220 MONTAL PENSACOLA,	VO ST	
Title: Name: Address: City-St-Zip:	T () FLEISCHHAUE 4220 MONTALY PENSACOLA, F	O DR	Title: Name: Address: City-St-Zip:	V (X BRANCO, JEN 95 CHANTECL GULF BREEZE	AIRE CIRCLE	
Title: Name: Address: City-St-Zip:	S () HILLMAN, CYN 4495 WHISPEF PENSACOLA, F	RDR	Title: Name: Address: City-St-Zip:	T (X STEARNS, DE 3260 HYDE PA PENSACOLA,	ARK ROAD	
Title: Name: Address:		Delete	Title: Name: Address:	S (VAN GALEN, N 4190 N CAMBI		

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

PACE, FL 32571

SIGNATURE: DEBORAH D STEARNS T 04/16/2007