2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004579

City-St-Zip:

PACE, FL 32571

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

FILED Mar 18, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 500 W. MAXWELL ST. PENSACOLA, FL 32501 **Current Mailing Address: New Mailing Address:** 500 W. MAXWELL ST PENSACOLA, FL 32501 FEI Number: 59-3495149 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUSTON, GARY W BEGGS & LANE, 3 W. GARDEN ST., STE. 600 PENSACOLA, FL 32501 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition DELL, CAROL Name: Name: 4850 MANOLETE ST Address: Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: FLEISCHHAUER, REBECCA Name: FLEISCHHAUER, REBECCA Address: 4220 MONTALVO ST Address: 4220 MONTALVO DR City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: PENSACOLA, FL 32504 Title: () Delete Title: (X) Change () Addition BRANCO, JENNIFER BRANCO, JENNIFER Name: Name: 95 CHANTECLAIRE CIRCLE 95 CHANTECLAIRE CIRCLE Address: Address: City-St-Zip: GULF BREEZE, FL 32561 City-St-Zip: GULF BREEZE, FL 32561 Title: () Delete Title: (X) Change () Addition Name: STEARNS, DEBORAH Name: STEARNS, DEBORAH 3260 HYDE PARK ROAD Address: Address: 3260 HYDE PARK ROAD City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: PENSACOLA, FL 32503 Title: Title: () Delete () Change () Addition VAN GALEN, MARY Name: Name: 4190 N CAMBRIDGE WAY Address: Address:

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.

City-St-Zip:

SIGNATURE: REBECCA FLEISCHHAUER T 03/18/2008