

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000003224
1. Entity Name
THE IABC FOUNDATION OF NORTH AMERICA, INC.

Principal Place of Business Mailing Address
4976 S.W. BIMINI CIRCLE S. 4976 S.W. BIMINI CIRCLE S.
PALM CITY, FL 34990 PALM CITY, FL 34990

DO NOT WRITE IN THIS SPACE



02012004 No Chg-NP CR2E037 (10/03)
4. FEI Number Applied For
65-0841477 Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
FIRLEY, CARL F
4976 S.W. BIMINI CIRCLE S.
PALM CITY, FL 34990

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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, 2004 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees U00000034632
02/05/04-80090-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FIRLEY, CARL F
STREET ADDRESS	4976 S.W. BIMINI CIRCLE S.
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D
NAME	O'CLOCK, GEORGE D
STREET ADDRESS	4976 S.W. BIMINI CIRCLE S.
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	T
NAME	CAIN, JERRY
STREET ADDRESS	1841 PALM CITY RD
CITY-ST-ZIP	STUART, FL 34994
TITLE	S
NAME	LEWIS, JOHN H
STREET ADDRESS	1465 NW SWEETBAY CIRCLE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(f), 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: Carl F. Firley 2/1/04 772-283-2180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CARL F. FIRLEY, DIRECTOR