

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000003224</b>	
1. Entity Name <b>THE IABC FOUNDATION OF NORTH AMERICA, INC.</b>	
Principal Place of Business <b>4976 S.W. BIMINI CIRCLE S. PALM CITY, FL 34990</b>	Mailing Address <b>4976 S.W. BIMINI CIRCLE S. PALM CITY, FL 34990</b>



02192005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0841477</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>FIRLEY, CARL F 4976 S.W. BIMINI CIRCLE S. PALM CITY, FL 34990</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renominating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIRLEY, CARL F 4976 S.W. BIMINI CIRCLE S. PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CLOCK, GEORGE D 4976 S.W. BIMINI CIRCLE S. PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAIN, JERRY 1841 PALM CITY RD STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEWIS, JOHN H 1465 NW SWEETBAY CIRCLE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000264907  
03/16/05-80034-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** *Carl F. Firley* **Carl F. Firley** *3/12/05* **3/12/05** *772 285 1780* **772 285 1780**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #