

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90348 041 ****61.25

DOCUMENT # N98000004105

1. Entity Name
INVESTMENT FRAUD RESTORATION FINANCING CORPORATION



Principal Place of Business
**C/O RAYMOND K. PETTY
1801 HERMITAGE BLVD.
TALLAHASSEE, FL 32308**

Mailing Address
**C/O RAYMOND K. PETTY
1801 HERMITAGE BLVD.
TALLAHASSEE, FL 32308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3533807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PETTY, RAYMOND K
1801 HERMITAGE BLVD
TALLAHASSEE, FL 32308**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P
NAME STIPANOVICH, C. C. ☐ Delete
STREET ADDRESS 1801 HERMITAGE BLVD.
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE T
NAME BARBARA, JARRIEL ☒ Delete
STREET ADDRESS 1801 HERMITAGE BLVD.
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE DC
NAME MCPHERSON, ROCKY ☐ Delete
STREET ADDRESS 11351 ULMERTON RD.
CITY-ST-ZIP LARGO, FL 337781630

TITLE D
NAME WHITE, TERRY ☐ Delete
STREET ADDRESS 4040 ESPLANADE WAY
CITY-ST-ZIP TALLAHASSEE, FL 323997000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T
NAME Thomas, Gwenn ☐ Change ☒ Addition
STREET ADDRESS 1801 Hermitage Blvd.
CITY-ST-ZIP Tallahassee FL 32308 ☐ Change ☒ Addition

TITLE D
NAME Saxon, Don
STREET ADDRESS 200 E. Gaines Street
CITY-ST-ZIP Tallahassee FL 32399-0375 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Coleman Stipanovich

Coleman Stipanovich, President, 4/20/04, 850/488-4406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #