

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90123 010 ****61.25

DOCUMENT # N98000006251

1. Entity Name
**INDOOR BILLBOARD ADVERTISING ASSOCIATION
CORP.**



Principal Place of Business
**% ADVANTAGE INDOOR ADVERTISING
4175 E. BAY DR. STE. 250
CLEARWATER, FL 33764 US**

Mailing Address
**% ADVANTAGE INDOOR ADVERTISING
4175 E. BAY DR. STE. 250
CLEARWATER, FL 33764 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3541644

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME TURNER, DAVID
STREET ADDRESS 4175 E. BAY DR. STE 250
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE ☐ Change ☒ Addition
NAME **CHUCK NELMS**
STREET ADDRESS **4175 E. BAY DR. SUITE 250**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE TD ☐ Delete
NAME JOLLY, HUGH
STREET ADDRESS 4175 E. BAY DR. STE. 250
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE ☐ Change ☒ Addition
NAME **VD RANDY CORCORAN**
STREET ADDRESS **4175 E. BAY DR., SUITE 250**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE VD ☒ Delete
NAME WYATT, BRIAN
STREET ADDRESS 4175 E BAY DR STE 250
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE ☐ Change ☒ Addition
NAME **SD ANDREA HINER**
STREET ADDRESS **4175 E. BAY DR., SUITE 250**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE SD ☒ Delete
NAME MARINO, CHARLIE
STREET ADDRESS 4175 E. BAY DR. STE 250
CITY-ST-ZIP CLEARWATER, FL 33764

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HUGH JOLLY

DATE

4/18/06

Daytime Phone #

615-327-8115