

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000134056

Entity Name: IBCS FIDELITY, INC.

FILED
Jan 23, 2009
Secretary of State

Current Principal Place of Business:

6352 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33884

Current Mailing Address:

6352 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33884

New Principal Place of Business:

944 GLENWOOD STATION LANE
SUITE # 104
CHARLOTTESVILLE, VA 22901

New Mailing Address:

944 GLENWOOD STATION LANE
SUITE # 104
CHARLOTTESVILLE, VA 22901

FEI Number: 20-3233935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PISCITELLI, MIKE
VEZINA, LAWRENCE & PISCITELLI, P.A.
300 SW 1ST AVENUE SUITE 150
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SCARBOROUGH, YVONNE
Address: 6352 CYPRESS GARDENS BLVD.
City-St-Zip: WINTER HAVEN, FL 33884

Title: P () Delete
Name: GOLIA, STEVE
Address: 6352 CYPRESS GARDENS BLVD
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SCARBOROUGH, YVONNE
Address: 944 GLENWOOD STATION LANE #104
City-St-Zip: CHARLOTTESVILLE, VA 22901

Title: P (X) Change () Addition
Name: GOLIA, STEVE
Address: 944 GLENWOOD STATION LANE #104
City-St-Zip: CHARLOTTESVILLE, VA 22901

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNAMARIE BONANNO/ EXEC. ASSISTANT

ASST

01/23/2009

Electronic Signature of Signing Officer or Director

Date