


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90320 050 ****61.25

DOCUMENT # N05000009674

1. Entity Name
IAP WORLD SERVICES EMPLOYEE KATRINA RELIEF FUND, INC.



Principal Place of Business
 7315 N. ATLANTIC AVENUE
 ROOM 218
 CAPE CANAVERAL, FL 32920

Mailing Address
 7315 N. ATLANTIC AVENUE
 ROOM 218
 CAPE CANAVERAL, FL 32920

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

City & State
 Zip Country

03142006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-3560983 Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

FARMER, GUY O II
50 NORTH LAURA STREET
SUITE 3900
JACKSONVILLE, FL 32202

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SWINDLE, DAVID W JR.	
STREET ADDRESS	7315 N. ATLANTIC AVENUE	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JENNINGS, JAMES A	
STREET ADDRESS	7315 N. ATLANTIC AVENUE	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COW, MARK A	
STREET ADDRESS	7315 N. ATLANTIC AVENUE	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
TITLE	P	<input type="checkbox"/> Delete
NAME	Gow, Mark A.	
STREET ADDRESS	7315 N. Atlantic Avenue	
CITY-ST-ZIP	Cape Canaveral, FL 32920	
TITLE	S	<input type="checkbox"/> Delete
NAME	Jennings, James W.	
STREET ADDRESS	7315 N. Atlantic Avenue	
CITY-ST-ZIP	Cape Canaveral, FL 32920	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Swindle, David W.	
STREET ADDRESS	2231 Crystal Drive, Suite 1113	
CITY-ST-ZIP	Arlington, VA 22202	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennings, James W.	
STREET ADDRESS	7315 N. Atlantic Avenue	
CITY-ST-ZIP	Cape Canaveral, FL 32920	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gow, Mark A.	
STREET ADDRESS	7315 N. Atlantic Avenue	
CITY-ST-ZIP	Cape Canaveral, FL 32920	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Swindle, David W.	
STREET ADDRESS	2231 Crystal Drive, Suite 1113	
CITY-ST-ZIP	Arlington, VA 22202	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennings, James W.	
STREET ADDRESS	7315 N. Atlantic Avenue	
CITY-ST-ZIP	Cape Canaveral, FL 32920	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Jennings, James W.; Treasurer **4/6/06** (321)784-7392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #