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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAR 15 11:11:00

DOCUMENT # **N42113** (3)

1. Corporation Name
IAC CHAPTER 89, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
8927 SE 72ND AVE 8927 SE 72ND AVE
OCALA FL 32672 Ocala FL 32672

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/15/1991 3a. Date of Last Report 04/26/1994
4. FEI Number 59-3047418 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 8927 SE 72ND AVE 26 8927 SE 72ND AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Ocala, FL 27 Ocala, FL
City & State City & State
23 Ocala, FL 28 Ocala, FL
Zip Country Zip Country
24 34472 25 USA 29 34472 30 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SEBEXEN, RALPH H.
8927 SE 72ND AVE
OCALA FL 32672
34472

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SEBEXEN, RALPH H
STREET ADDRESS	8927 SE 72ND AVE
CITY - ST - ZIP	OCALA FL
TITLE	D
NAME	ROSSI, JAMES B
STREET ADDRESS	7104 SE 93RD ST
CITY - ST - ZIP	OCALA FL
TITLE	D
NAME	TELLECHEA, CHARLES M
STREET ADDRESS	8977 SE 72ND AVE
CITY - ST - ZIP	OCALA FL
TITLE	D
NAME	PARKER, RAYMOND L
STREET ADDRESS	9180 SE 70 TERR
CITY - ST - ZIP	OCALA FL
TITLE	D
NAME	RANSOME, J DAWSON
STREET ADDRESS	8777 SE 72ND AVE
CITY - ST - ZIP	OCALA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Raymond L. Parker DATE: March 8, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #