

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90002 044 ****70.00

DOCUMENT # N42113

1. Entity Name
IAC CHAPTER 89, INC.



Principal Place of Business

**IAC CHAPTER 89, INC.
 8780 SE 70TH TERRACE
 Ocala FL 34472
 US**

Mailing Address

**IAC CHAPTER 89, INC.
 8780 SE 70TH TERRACE
 Ocala FL 34472
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3047418

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**WEAVER, FREDERICK G
 8780 SE 70TH TERRACE
 Ocala FL 34472**

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

**FILE NOW: 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SEBEXEN, RALPH H	8927 SE 72ND AVE	OCALA FL	<input type="checkbox"/>
D	GUNNOE, JAMES E JR	9479 SE 70TH TERRACE	OCALA FL 34472	<input type="checkbox"/>
D	CAMPBELL, KEVIN S	8777-SE 71 COURT	OCALA FL 34472	<input type="checkbox"/>
D	PARKER, RAYMOND L	9180 SE 70 TERR	OCALA FL	<input type="checkbox"/>
D	BUREL, ALVIN B	9451 S.E. 72ND AVE.	OCALA FL	<input type="checkbox"/>
D	WEAVER, FREDERICK G	8780 SE 70TH TERRANCE	OCALA FL 34472	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Frederick G. Weaver*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 15, 2004 352-347-3048
 Date Daytime Phone #