


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90013 009 ****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

00004646



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

08312006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-3047418 Applied For
 Not Applicable

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

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 *Frederick G. Weaver*
Frederick G. WEAVER - Treasurer, IAC Ch. 89, Inc. Sept 3, 2006

(NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 6, 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 type="checkbox"/> Delete
NAME	SEBEXEN, RALPH H	
STREET ADDRESS	8927 SE 72ND AVE	
CITY-ST-ZIP	OCALA, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUNNOE, JAMES E JR	
STREET ADDRESS	9479 SE 70TH TERRACE	
CITY-ST-ZIP	OCALA, FL 34472	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, KEVIN S	
STREET ADDRESS	8777 SE 71 COURT	
CITY-ST-ZIP	OCALA, FL 34472	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, RAYMOND L	
STREET ADDRESS	9180 SE 70 TERR	
CITY-ST-ZIP	OCALA, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUREL, ALVIN B	
STREET ADDRESS	9451 S.E. 72ND AVE.	
CITY-ST-ZIP	OCALA, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WEAVER, FREDERICK G	
STREET ADDRESS	8780 SE 70TH TERRANCE	
CITY-ST-ZIP	OCALA, FL 34472	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Frederick G. Weaver* **Sept. 3, 2006** **352-347-7511**

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