

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N42113 (3)
1. Corporation Name
IAC CHAPTER 89, INC.



Principal Place of Business: **8927 SE 72ND AVE, Ocala FL 34472, US**
Mailing Address: **8927 SE 72ND AVE, Ocala FL 34472, US**

3. Date Incorporated or Qualified: **02/15/1991**
3a. Date of Last Report: **03/15/1995**
4. FEI Number: **59-3047418**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
City & State: **28**
Zip: **29** Country: **30**

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

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. 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	ROSSI, JAMES B
STREET ADDRESS	7164 SE 93RD ST
CITY - ST - ZIP	OCALA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	TELLECHEA, CHARLES M
STREET ADDRESS	8977 SE 72ND AVE
CITY - ST - ZIP	OCALA FL
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	RANSOME, J DAWSON
STREET ADDRESS	8777 SE 72ND AVE
CITY - ST - ZIP	OCALA FL
TITLE	<input type="checkbox"/> DELETE
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	D ALVIN B. BUREL
5.3 STREET ADDRESS	9451 SE. 72ND AVE.
5.4 CITY - ST - ZIP	OCALA, FL

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 119.07(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* **RAYMOND L. PARKER, DIRECTOR** Jan. 31, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)