

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 22, 2003 8:00 am
Secretary of State

07-22-2003 90049 013 ****70.00

0082506

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3047418**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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)

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SEBEXEN, RALPH H	
STREET ADDRESS	8927 SE 72ND AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" 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	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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	James E. Gunnoe Jr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James E. Gunnoe Jr.	
STREET ADDRESS	9479 SE 70th Terrace	
CITY-ST-ZIP	Ocala, FL 34472	
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 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* **REQUIRED**

July 20, 2003 352-347-7511

CR2E037 (10/02)