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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709584 (7)

1. Corporation Name
INDIAN RIVER COMMUNITY COLLEGE FOUNDATION, INC.

Principal Place of Business 3209 VIRGINIA AVE FORT PIERCE FL 34981-5541	Mailing Address 3209 VIRGINIA AVE FORT PIERCE FL 34981-5541
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3. Date Incorporated or Qualified 09/14/1965	3a. Date of Last Report 03/08/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-1105591	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GRIFFIN, CHESTER B. ATTY
124-A N SECOND ST
FT PIERCE FL 33450**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ 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 <input type="checkbox"/> DELETE
NAME	ABNEY, JOHN
STREET ADDRESS	P.O. DRAWER 700 N/A
CITY-ST-ZIP	OKEECHOBEE FL 34974
TITLE	D <input type="checkbox"/> DELETE
NAME	ADAMS, MICHAEL L.
STREET ADDRESS	P.O. BOX 12909 N/A
CITY-ST-ZIP	FT. PIERCE FL 34979
TITLE	CD <input type="checkbox"/> DELETE
NAME	BALDREE, H. ALLEN
STREET ADDRESS	1436 50TH COURT
CITY-ST-ZIP	VERO BEACH FL
TITLE	VCD <input type="checkbox"/> DELETE
NAME	CONRADO, JOSE' L.
STREET ADDRESS	1001 ADMIRALS WALK
CITY-ST-ZIP	VERO BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CLEMONS, SUSANNE H.
STREET ADDRESS	4853 NW 30TH ST
CITY-ST-ZIP	OKEECHOBEE FL 34972
TITLE	D <input type="checkbox"/> DELETE
NAME	JOHNSON, SUSAN H.
STREET ADDRESS	P.O. BOX 2453 N/A
CITY-ST-ZIP	STUART FL 34995

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 checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	32966
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	32963
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 unchanged, or on an Attachment with an address.

SIGNATURE: *[Signature]* **D. Locke** 2/6/97 (561) 462-4786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071478

CR2E037 (9/96)



INDIAN RIVER COMMUNITY COLLEGE FOUNDATION, INC.
"Improving Lives Through Education"

Addendum to 1997 NonProfit Corporation Annual Report

IRCC FOUNDATION DIRECTORS NOT LISTED ON FORM:

D

Edwin Arnowitt
1650 NW River Trail
Stuart, FL 34994

VC/D

Frank W. Williamson, Jr.
P.O. Box 248 N/A
Okeechobee, FL 34972

D

Peggy W. Berg
3401 South Indian River Drive
Fort Pierce, FL 34982

D

Clare R. Wolf
4084 S.W. Gleneagles Circle
Palm City, FL 34990

D

Louis E. Larson
P.O. Box 1242 N/A
Okeechobee, FL 34973

S/T/D

Mary G. Locke
3209 Virginia Ave.
Fort Pierce, FL 34981

D

Joseph P. Lembo
1001 20th Place
Vero Beach, FL 32960

D

Edwin R. Massey
3209 Virginia Avenue
Fort Pierce, FL 34981

D

Michael D. Minton
1903 S. 25th St., Ste. 200
Fort Pierce, FL 33451

D

T. Rene' Perez
P.O. Box 370 N/A
Vero Beach, FL 32961

D

Strelsa H. Schreiber
409 Poplar Avenue
Port St. Lucie, FL 34952