2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1 8 2

DOCUMENT # 709584

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

FILED
05 JAN 18 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3209 VIRGINIA AVE FORT PIERCE, FL 34981-5541	3209 VIRGINIA AVE FORT PIERCE, FL 34981-5541

01062005 No Chg-NP CR2E037 (10/03) MRS

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4. FEI Number
59-1105591
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ABNEY, JOHN
STREET ADDRESS	P.O. DRAWER 700 N/A
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	D
NAME	ADAMS, MICHAEL L.
STREET ADDRESS	P.O. BOX 12909 N/A
CITY-ST-ZIP	FT. PIERCE, FL 34979
TITLE	EXED
NAME	HAISLEY, JIMMIE ANNE
STREET ADDRESS	3600 NORTH MILTON ROAD
CITY-ST-ZIP	FORT PIERCE, FL 34946
TITLE	CD
NAME	CONRADO, JOSE' L.
STREET ADDRESS	1001 ADMIRALS WALK
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	CLEMONS, SUSANNE H.
STREET ADDRESS	4853 NW 30TH ST
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	VCD
NAME	AMOWITT, EDWIN
STREET ADDRESS	960 S W BAY POINTE CIRCLE
CITY-ST-ZIP	PALM CITY, FL 349901758

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500045552285
01/28/05--01010--020 **61.25

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: _____ 1-6-05 772-462-4786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #