2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# 709584

Entity Name: INDIAN RIVER COMMUNITY COLLEGE FOUNDATION, INC.

Current Principal Place of Business:

3209 VIRGINIA AVE
FORT PIERCE, FL 349815596

New Principal Place of Business:

Current Mailing Address:

3209 VIRGINIA AVE
FORT PIERCE, FL 349815596

New Mailing Address:

FEI Number: 59-1105591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GRIFFIN, CHESTER B ATTY
311 SOUTH 2ND STREET
FT PIERCE, FL 34950 US

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.

SIGNATURE: _____ 01/04/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ABNEY, JOHN
Address: P.O. DRAWER 700 N/A
City-St-Zip: OKEECHOBEE, FL 34974

Title: D ( ) Delete
Name: ADAMS, MICHAEL L
Address: P.O. BOX 12909 N/A
City-St-Zip: FT. PIERCE, FL 34979

Title: EXED ( ) Delete
Name: HAISLEY, JIMMIE ANNE
Address: 3600 NORTH MILTON ROAD
City-St-Zip: FORT PIERCE, FL 34946

Title: CD ( ) Delete
Name: CONRADO, JOSE L
Address: 1001 ADMIRALS WALK
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete
Name: CLEMONS, SUSANNE H
Address: 4853 NW 30TH ST
City-St-Zip: OKEECHOBEE, FL 34972

Title: VCD ( ) Delete
Name: AMOWITT, EDWIN
Address: 960 S W BAY POINTE CIRCLE
City-St-Zip: PALM CITY, FL 349901758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ABNEY, JOHN
Address: P.O. DRAWER 700
City-St-Zip: OKEECHOBEE, FL 34974

Title: D (X) Change ( ) Addition
Name: ADAMS, MICHAEL L
Address: P.O. BOX 12909
City-St-Zip: FT. PIERCE, FL 34979

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIMMIE ANNE HAISLEY EXED 01/04/2007
Electronic Signature of Signing Officer or Director — Date