


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 728675
 1. Entity Name
 INDIAN RIVER COUNTY COUNCIL ON AGING, INC.



Principal Place of Business 694 14TH ST PO BOX 2102 VERO BCH, FL 32960	Mailing Address 694 14TH ST PO BOX 2102 VERO BCH, FL 32960
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DO NOT WRITE IN THIS SPACE



04152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1539957	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 LAWRENCE, MARGARET
 725 SANDFLY LANE
 VERO BEACH, FL 32963

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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 Margaret Lawrence DATE April 18, 2005
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 NAME STREET ADDRESS CITY - ST - ZIP	PD LAWRENCE, MARGARET 725 SANDFLY LANE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ROBERTS, MARIE 936 SEAGRAPE LANE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD THISTLE, GERRY 2045 14TH AVE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WALKER, ALETHEA 2010 CLUB DRIVE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/26/05-80081-006 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Margaret Lawrence DATE April 18, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #