FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 9:12

DOCUMENT # N44395 (4)

1. Corporation Name
INDIAN RIVER COUNTY BOAT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
126 S. PINE ST. FELLSMERE FL 32948	126 S. PINE ST. FELLSMERE FL 32948

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1991
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0319844 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / County (25)
2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / County (30)

9. Name and Address of Current Registered Agent

MYERS, WILLIAM L.
126 S. PINE ST
FELLSMERE FL 32948

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE William L Myers S/T
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGHEE,IVAN 32 N. MYRTLE ST FELLSMERE FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P MCGHEE, IVAN 32 N.MYRTLE ST. FELLSMERE, FL. 32948	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERT CADIEUX 8726 91 ST CT VERO BCH FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V PARKER, DEBBIE 2255 S. ORANGE ST. FELLSMERE, FL. 32948	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATTERSON,MARCUS 30 S. MAGNOPLIA FELLSMERE FL 32948	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D HUGHES, D. R. 14185 101 RST ST. FELLSMERE, FL. 32948	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D HUMMEL, DARCIE 7905 LOCKWOOD DR. FT. PIERCE, FL. 34951	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D WALDREN, JIM 185 S.OAK ST. FELLSMERE, FL. 32948	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4-4-95 407-571-1151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038284