SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 28 PM 1:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N46161** **(8)**

1. Corporation Name
THE EDUCATION FOUNDATION OF INDIAN RIVER COUNTY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
PO BOX 7046 VERO BEACH FL 32961	PO BOX 7046 VERO BEACH FL 32961

3. Date Incorporated or Qualified: 11/22/1991
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-3118402 ☐ 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 ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BLOCK, SAMUEL A.
2127 10TH AVENUE
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name: Susan Hopkins
82 Street Address (P.O. Box Number is Not Acceptable): 3211 Ocean Drive
83
84 City: Vero Beach **FL** 85 Zip Code: 32963

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: Susan P. Hopkins — Susan Hopkins — 7/21/95
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	D	11 TITLE	D	☒ Change ☐ Addition
NAME	WADDELL, GENE	12 NAME	Ken Felten	
STREET ADDRESS	8155 25TH STREET	13 STREET ADDRESS	2911 Cardinal Drive	
CITY-ST-ZIP	VERO BEACH FL	14 CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	CD	21 TITLE	CD	☒ Change ☐ Addition
NAME	ROBINSON, PETER	22 NAME	Susan Hopkins	
STREET ADDRESS	3201 CARDINAL DR. P5	23 STREET ADDRESS	3211 Ocean Drive	
CITY-ST-ZIP	VERO BEACH FL	24 CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	ZWEMER, JOEL	32 NAME	Clay Price	
STREET ADDRESS	495 33RD AVE	33 STREET ADDRESS	1623 US 1, Suite B4	
CITY-ST-ZIP	VERO BCH FL	34 CITY-ST-ZIP	Sebastian, FL 32958	
TITLE	VCD	41 TITLE	D	☒ Change ☐ Addition
NAME	BLOCK, SAMUEL A.	42 NAME	John Moore, III	
STREET ADDRESS	2127 10TH AVE.	43 STREET ADDRESS	756 Beachland Blvd.	
CITY-ST-ZIP	VERO BEACH FL	44 CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	SD	51 TITLE	SD	☒ Change ☐ Addition
NAME	HERZOG, MARY BETH	52 NAME	Susan Bailey	
STREET ADDRESS	855 DAHLIA LANE	53 STREET ADDRESS	1415 43rd Court	
CITY-ST-ZIP	VERO BEACH FL	54 CITY-ST-ZIP	Vero Beach, FL 32966	
TITLE	TD	61 TITLE		☐ Change ☐ Addition
NAME	ZWEMER, AMY	62 NAME		
STREET ADDRESS	495 33RD AVE	63 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH FL	64 CITY-ST-ZIP		

CR2E037 (3/95)

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: Susan P Hopkins — Susan Hopkins — 7/20/95 — (407) 234-8043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0005522