

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90009 025 ****61.25

DOCUMENT # N46161

1. Entity Name

THE EDUCATION FOUNDATION OF INDIAN RIVER COUNTY, INC.

Principal Place of Business

Mailing Address

PO BOX 7046
 VERO BEACH FL 32961

PO BOX 7046
 VERO BEACH FL 32961

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3118402

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, CAROL K
2926 PIPOR DRIVE, BLDG. 13
VERO BEACH FL 32960

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAM, ALEX N III	
STREET ADDRESS	2901 OCEAN DRIVE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HART, JAY	
STREET ADDRESS	3730 7TH TERRACE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	IPPD	<input checked="" type="checkbox"/> Delete
NAME	KOULISH, DAVID	
STREET ADDRESS	1440 56TH SQUARE WEST	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KARNIOKS, MARGOT	
STREET ADDRESS	1111 36TH ST	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KISSNER, MICHAEL G.	
STREET ADDRESS	2300 5TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	PED	<input type="checkbox"/> Delete
NAME	BOYLE, J. VINCENT	
STREET ADDRESS	700 20TH STREET	
CITY-ST-ZIP	VERO BEACH FL 32960	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAC WILLIAM, ALEXIN. III	
STREET ADDRESS	2901 Ocean Drive	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIM PECKHAM	
STREET ADDRESS	546 GREYTWIG ROAD	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REBECCA ALLEN	
STREET ADDRESS	1071 INDIAN MOUND TRAIL	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN J. CAMPIONE	
STREET ADDRESS	80 ROYAL PALM POINTE	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: SIGNATURE OF REGISTERED AGENT Vincent Boyle, Pres 2/14/02 561/564-0034

CR2E037 (9/01)