2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# N46161

Entity Name: THE EDUCATION FOUNDATION OF INDIAN RIVER COUNTY, INC.

Current Principal Place of Business:

PO BOX 7046
VERO BEACH, FL 32961

New Principal Place of Business:

Current Mailing Address:

PO BOX 7046
VERO BEACH, FL 32961

New Mailing Address:

FEI Number: 59-3118402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITCHELL, HEATHER R
2926 PIPER DRIVE, BLDG 13
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	PADGETT, LANSE	
Address:	608 TULIP LANE	
City-St-Zip:	VERO BEACH, FL 32963	
Title:	PP	( ) Delete
Name:	KIM, PECKHAM	
Address:	546 GREYTWIG ROAD	
City-St-Zip:	VERO BEACH, FL 32963	
Title:	P	( ) Delete
Name:	ALLEN, REBECCA	
Address:	110 PALM ISLAND PLANTATION TERR. #20	
City-St-Zip:	VERO BEACH, FL 32963	
Title:	TD	( ) Delete
Name:	BOYLE, VINCE	
Address:	700 20TH ST	
City-St-Zip:	VERO BEACH, FL 32960	
Title:	MD	( ) Delete
Name:	MITCHELL, HEATHER	
Address:	410 10TH ST SW	
City-St-Zip:	VERO BEACH, FL 32962	
Title:	T	(X) Delete
Name:	DUNLOP, ALLISON	
Address:	9056 ENGLEWOOD COURT	
City-St-Zip:	VERO BEACH, FL 32963	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	S	(X) Change ( ) Addition
Name:	DEAL, SUSAN	
Address:	1503 WEST CAMINO DEL RIO	
City-St-Zip:	VERO BEACH, FL 32963	
Title:	PE	(X) Change ( ) Addition
Name:	JAY, CAMPANA	
Address:	855 US HIGHWAY 1	
City-St-Zip:	VERO BEACH, FL 32962	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	TOMPKINS, SUSAN	
Address:	2940 CARDINAL DRIVE	
City-St-Zip:	VERO BEACH, FL 32963	
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 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 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: HEATHER MITCHELL MD 04/14/2005

Electronic Signature of Signing Officer or Director — Date