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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # NISOQ78

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THE LORD'S TABLE OF INDIAN RIVER COUNTY INC. Principal Place of Business Mailing Address P.O. BOX 78-0686 SEBASTIAN FL 32978 P.O. BOX 78-0696 SEBASTIAN FL 32978							
					3. Date Incorporated or Qualified	3a. Date of Las	-
					09/21/1992	02/27/	
. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	_	Applied For
		26			59-3146002	40 -	Not Applicable
= Suite, Apt. # "i	#, etc.	Suite, Apt #, etc.			Certificate of Status Desired	1 1	75 Additional e Required
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City & State	•	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip	Country	Zip	Coun	try	This corporation has liability for it		
<u>ק</u>	25	29	30	,		☐ Yes ☐ No	0. 100.002
<u> </u>	9. Name and Address of Currer		1,22,		10. Name and Address of New R	legistered Agent	
			1	81 Name			
HEVEO	LINDA		ļ.	32 Street Add	fress (P.O. Box Number is Not Acceptab	do)	
MEYER,			['	Street Add	ress (r.o. Box Normber is Not Acceptab	ne)	
	RTH TAMAIND CIR		ļī.	B3			
RAHEFU	OT BAY FL 32976						
			[1	B4 City		FL 85	Zip Code
or registere	to the provisions of Sections 617.050 ed agent, or both, in the State of Flor th, app accept the obligations of, Sec	ida. Such change was authori tion 617.0503, Florida Statute	zed by the co s	orporation's boa	oration submits this statement for the pur ard of directors. I hereby accept the app	ointment as register	ed agent. I am
SIGNATURE 🎉	Signature, typed or princed name of registered ager	of and title if applicable (N	ス/N/)A OTE Registered /	KACDAS Agent signature require	ZSK1 - MEYER red when renstating)	1/29/94 DATE	
SIGNATURE 🎉	Signature, types or primes name of registered ager OFFICERS AN	CY - NEGLO (N of and title 4 applicable (N ND DIRECTORS	CTL Registered A	KACDAS Agent signature require	ESKI-MEYER	1/29/94 DATE ICERS AND DIREC	TORS IN 12
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