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May 07, 1999 8:00 am  
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05-07-1999 90088 029 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N50978

1. Corporation Name

THE LORD'S TABLE OF INDIAN RIVER COUNTY INC.

Principal Place of Business

P.O. BOX 78-0686  
SEBASTIAN FL 32978

Mailing Address

P.O. BOX 78-0686  
SEBASTIAN FL 32978



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
09/21/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-3146002

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONWAY, ROBERT  
344 SEASIDE TERRACE  
SEBASTIAN FL 32958

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 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

*Robert Conway*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

ROBERT CONWAY PRESIDENT  
4-28-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD  DELETE  
NAME MEYER, LINDA  
STREET ADDRESS 816 NORTH TAMAIND CIR  
CITY-ST-ZIP BAREFOOT BAY FL

1.1 TITLE DIRECTOR  Change  Addition  
1.2 NAME GAYLE C. SEIFERT  
1.3 STREET ADDRESS 75 JOYHAUEN DRIVE  
1.4 CITY-ST-ZIP SEBASTIAN, FLA. 32958

TITLE TD  DELETE  
NAME RAMIE JAMES A  
STREET ADDRESS 314 E DOLPHIN CIRCLE  
CITY-ST-ZIP BAREFOOT BAY FL

2.1 TITLE DIRECTOR  Change  Addition  
2.2 NAME ELLA C. BUCKMAN  
2.3 STREET ADDRESS 6245 81 ST.  
2.4 CITY-ST-ZIP VERO BEACH, FLA. 32967

TITLE S  DELETE  
NAME TRUESDALE, CAROLYN  
STREET ADDRESS 856 MULBERRY ST  
CITY-ST-ZIP SEBASTIAN FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE PD  DELETE  
NAME CONWAY, ROBERT  
STREET ADDRESS 344 SEASIDE TERRACE  
CITY-ST-ZIP SEBASTIAN FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VPD  DELETE  
NAME TANNEHILL, BARBARA  
STREET ADDRESS 717 AMARYLLIS DRIVE  
CITY-ST-ZIP BAREFOOT BAY FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME ELLA C. BUCKMAN  
STREET ADDRESS 6245/81 ST.  
CITY-ST-ZIP VERO BEACH/FLA. 32967

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*James A. Ramie, Treasurer*  
4-561-664-3053

Date

Daytime Phone #

CR2E037 (1/198)

0076782