

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746424 (1)
1. Corporation Name
ARTHRITIS ASSOCIATION OF INDIAN RIVER COUNTY, IN C.

Principal Place of Business 1031-18TH ST. STE C BOX 2036 VERO BEACH FL 32960-5588	Mailing Address 1031-18TH ST. STE C STE D VERO BEACH FL 32960-5588 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 SUITE D 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 1031 18th Street 27 SUITE D 28 Vero Beach FL 29 32960 30 Country
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3. Date Incorporated or Qualified 03/26/1979	4. FEI Number 59-1894292	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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No		

9. Name and Address of Current Registered Agent
**BACH, ADA G.
1935 63RD CT.
VERO BEACH FL 32966**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 Ada Bach, D **Ada Bach, D** 1/28/98

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	TD	1.1 TITLE	PD
NAME	ABRAHAM ALPER	1.2 NAME	Kathy Griffin
STREET ADDRESS	1821 MOORINGLING DRIVE	1.3 STREET ADDRESS	1165 38th Ave. SW
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	Vero Beach FL
TITLE	VD	2.1 TITLE	VPD
NAME	CRAWFORD, CYNTHIA	2.2 NAME	Janet Mutter
STREET ADDRESS	3660-20TH ST.	2.3 STREET ADDRESS	1828 Aynsley Way #4
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	Vero Beach FL 32966
TITLE	D	3.1 TITLE	VPD
NAME	CAROLYN PEELER	3.2 NAME	Frank Sterling
STREET ADDRESS	655-21ST ST.	3.3 STREET ADDRESS	43 Plantation Drive #104
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	Vero Beach FL 32966
TITLE	VPO	4.1 TITLE	SD
NAME	JANE BURTON	4.2 NAME	Nancy Carl
STREET ADDRESS	2501 27TH AVE.	4.3 STREET ADDRESS	2916 1st Lane
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	Vero Beach FL 32968
TITLE	PD	5.1 TITLE	D
NAME	BETTY WOLFE	5.2 NAME	Ann Belinkoff
STREET ADDRESS	43 PLANTATION DR. #101	5.3 STREET ADDRESS	1600 36th Street Ste B
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	Vero Beach FL 32960
TITLE	SD	6.1 TITLE	
NAME	WOLFE, BARBARA	6.2 NAME	
STREET ADDRESS	2140 55TH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	6.4 CITY-ST-ZIP	

1.1 TITLE	PD	1.2 NAME	Kathy Griffin	1.3 STREET ADDRESS	1165 38th Ave. SW	1.4 CITY-ST-ZIP	Vero Beach FL
2.1 TITLE	VPD	2.2 NAME	Janet Mutter	2.3 STREET ADDRESS	1828 Aynsley Way #4	2.4 CITY-ST-ZIP	Vero Beach FL 32966
3.1 TITLE	VPD	3.2 NAME	Frank Sterling	3.3 STREET ADDRESS	43 Plantation Drive #104	3.4 CITY-ST-ZIP	Vero Beach FL 32966
4.1 TITLE	SD	4.2 NAME	Nancy Carl	4.3 STREET ADDRESS	2916 1st Lane	4.4 CITY-ST-ZIP	Vero Beach FL 32968
5.1 TITLE	D	5.2 NAME	Ann Belinkoff	5.3 STREET ADDRESS	1600 36th Street Ste B	5.4 CITY-ST-ZIP	Vero Beach FL 32960
6.1 TITLE		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.

SIGNATURE: Abraham Alper Abraham Alper TD 1/26/98 (561)231-1840

CR2E037 (10/97)