

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006207

FILED
Jan 08, 2004
Secretary of State

Entity Name: INDIAN RIVER LITERARY SOCIETY, INC.

Current Principal Place of Business:

755 BEACHLAND BLVD.
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3308
VERO BEACH, FL 32964

New Mailing Address:

FEI Number: 65-0794160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALLAR, MARY BETH
755 BEACHLAND BLVD.
VERO BEACH, FL 32963 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: D () Delete
Name: COOPER, CHARLES F.X.
Address: P.O. BOX 3308 (NA)
City-St-Zip: VERO BEACH, FL 32964

Title: D () Delete
Name: TERRY, CHARLOTTE
Address: P.O. BOX 3308 (NA)
City-St-Zip: VERO BEACH, FL 32964

Title: D () Delete
Name: LOWE, THOMAS P
Address: P.O. BOX 3308
City-St-Zip: VERO BEACH, FL 32964

Title: D () Delete
Name: CHENAULT, MARILYN
Address: P.O. BOX 3308 (NA)
City-St-Zip: VERO BEACH, FL 32964

Title: D () Delete
Name: DU PONT, ALICE
Address: P.O. BOX 3308 (NA)
City-St-Zip: VERO BEACH, FL 32964

Title: D () Delete
Name: FENNELL, TODD W
Address: P.O. BOX 3308 (NA)
City-St-Zip: VERO BEACH, FL 32964

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARY BETH VALLAR

D

01/08/2004

Electronic Signature of Signing Officer or Director

Date