


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 718980 1. Entity Name INDIAN RIVER YACHT CLUB, INC.	
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Principal Place of Business PO BOX 992 ROCKLEDGE, FL 32955 US	Mailing Address P.O. BOX 992 P.O. BOX 992 COCOA, FL 32923-7992 US
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEVILLE, STEVEN E.
3905 WILDPINE LANE
MERRITT ISLAND, FL 32952

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TOLSON, SHARON 840 SANDGATE MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEVILLE, STEVE E. 3905 WILDPINE LANE MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TALBOT, RANDY 400 ARTEMIS BLVD MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAPELLIN, NANCY 3965 S TROPICAL TRAIL MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, EDWARD 2655 S. TROPICAL TRAIL MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPELLIN, DOR 3965 S. TROPICAL TRAIL MERRITT ISLAND, FL

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IN THIS SPACE**

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01/13/05-80032-009 61.25

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1/11/2005 321-674-2390**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X104