


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90212 039 ****61.25

| | | | | | |
|--|---------------------------------------|---|--|--|--|
| DOCUMENT # N95000005865 1. Entity Name PLANNED GIVING COUNCIL OF INDIAN RIVER, INC. | | | |  | |
| Principal Place of Business 2940 CARDINAL DRIVE VERO BEACH, FL 32963 US | | | Mailing Address P.O. BOX 4001 VERO BEACH, FL 32961 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3358685 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| FENNELL, TODD W 979 BEACHLAND BLVD VERO BEACH, FL 32963 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MCKINNON, CHARLES W | | NAME | See attached | |
| STREET ADDRESS | 5070 HWY A1A | | STREET ADDRESS | Complete | |
| CITY - ST - ZIP | VERO BEACH, FL 32963 | | CITY - ST - ZIP | Officer listing | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MARKOSKY, TOM | | NAME | | |
| STREET ADDRESS | 3381 OCEAN DR | | STREET ADDRESS | | |
| CITY - ST - ZIP | VERO BEACH, FL 32963 | | CITY - ST - ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LEE, THOMAS C JR | | NAME | | |
| STREET ADDRESS | 3055 CARDINAL DRIVE, SUTIE 301 | | STREET ADDRESS | | |
| CITY - ST - ZIP | VERO BEACH, FL 32963 | | CITY - ST - ZIP | | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TOMPKINS, SUE | | NAME | | |
| STREET ADDRESS | 2940 CARDINAL DR | | STREET ADDRESS | | |
| CITY - ST - ZIP | VERO BEACH, FL 32963 | | CITY - ST - ZIP | | |
| TITLE | V | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BARTLETT, KERRY | | NAME | | |
| STREET ADDRESS | 1110 35TH LANE | | STREET ADDRESS | | |
| CITY - ST - ZIP | VERO BEACH, FL 32960 | | CITY - ST - ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STILL, CHUCK | | NAME | | |
| STREET ADDRESS | 3250 RIVERSIDE PARK DR. | | STREET ADDRESS | | |
| CITY - ST - ZIP | VERO BEACH, FL 32963 | | CITY - ST - ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Sue Tompkins</i> Sue Tompkins 5/1/06 772-234-5299 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

ATTACHMENT 40081286
#1095000005865

Officers/Directors – Planned Giving Council of Indian River, Inc.

| | |
|----------------------|---|
| President P | Kerry Bartlett 1110 35 th Lane Vero Beach, FL 32960 |
| Past President D | Charles W. McKinnon 5070 N. A1A Vero Beach, FL 32963 |
| President Elect D | J.C. Britt 700 Beachland Blvd. Vero Beach, FL 32963 |
| Vice President V | Thomas Lee, Jr. 3055 Cardinal Dr. Vero Beach, FL 32963 |
| Secretary S | Thomas Markosky 3381 Ocean Dr. Vero Beach, FL 32963 |
| Treasurer T | Sue Tompkins 2940 Cardinal Drive Vero Beach, FL 32963 |
| Director D | Lenora Ritchie P.O. Box 3276 Vero Beach, FL 32963 |
| Director D | Kristine Sarkauskus 2001 9 th Avenue, Suite 301 Vero Beach, FL 32960 |