
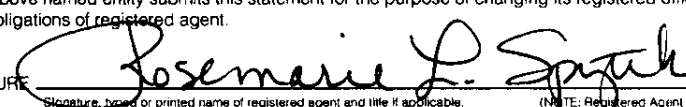
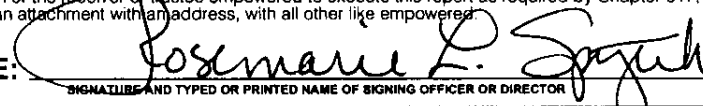


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90017 002 ****61.25

DOCUMENT # N06000006715					
1. Entity Name TAXPAYERS ASSOCIATION OF INDIAN RIVER COUNTY, INC.					
Principal Place of Business P.O. BOX 1751 VERO BEACH, FL 32961-1751			Mailing Address P.O. BOX 1751 VERO BEACH, FL 32961-1751		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 54-2551432	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MILLER, KEVIN M 902 CROWN ST SEBASTIAN, FL 32958				7. Name and Address of New Registered Agent Name: Rosemarie Spytek Street Address (P.O. Box Number is Not Acceptable) 2498 3rd Place SW City: Vero Beach FL Zip Code: 32962	
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:  DATE: 1/28/08 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPYTER, ROSE		NAME		
STREET ADDRESS	2498 3RD PLACE SW		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32962		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRANSE, JAMES M		NAME	1ST V.P. (V) Paul Teresi	
STREET ADDRESS	2364 57TH CIRCLE BLDG 5		STREET ADDRESS	1285 Admirals Walk	
CITY-ST-ZIP	VERO BEACH, FL 32966		CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, KEVIN M		NAME	2nd V.P. (V) Mary Beth McDonald	
STREET ADDRESS	902 CROWN ST		STREET ADDRESS	1011 Indian Mound Trail	
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCDONALD, MARY BETH		NAME	Secretary (S) Rosemarie Wilson	
STREET ADDRESS	1011 INDIAN MOUND TRAIL		STREET ADDRESS	1490 5th Avenue	
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, KENNETH E		NAME	Gregory T. Brown (T)	
STREET ADDRESS	6458 55TH SQ		STREET ADDRESS	360 53rd Circle	
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			1/28/08 (772) 567-6060		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		