

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709584

Entity Name: INDIAN RIVER STATE COLLEGE FOUNDATION, INC.**Current Principal Place of Business:**3209 VIRGINIA AVE
FORT PIERCE, FL 34981-5596**Current Mailing Address:**3209 VIRGINIA AVE
FORT PIERCE, FL 34981-5596**FEI Number:** 59-1105591**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEILL, RICHARD V. JR.
311 SOUTH 2ND STREET
FT PIERCE, FL 34950 US*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:** RICHARD V. NEILL, JR

01/09/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	IRBY, FRANK M
Address	1385 S.E. 23RD STREET
City-State-Zip:	OKEECHOBEE FL 34994

Title	D
Name	ADAMS, MICHAEL L
Address	P.O. BOX 12909
City-State-Zip:	FT. PIERCE FL 34979

Title	EXED
Name	DECKER, ANN L
Address	PO BOX 497
City-State-Zip:	JENSEN BEACH FL 34958

Title	D
Name	CLEMONS, SUSANNE H
Address	4853 NW 30TH ST
City-State-Zip:	OKEECHOBEE FL 34972

Title	D
Name	LEMBO, JOSEPH
Address	940 66TH AVENUE
City-State-Zip:	VERO BEACH FL 32966-1127

Title	DIRECTOR
Name	MINTON, MICHAEL D.
Address	1903 SOUTH 25TH STREET SUITE #200
City-State-Zip:	FORT PIERCE FL 34947

I hereby 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 all other like empowered.

SIGNATURE: ANN L. DECKER

EXED

01/09/2019

Electronic Signature of Signing Officer/Director Detail

Date