

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006715

Entity Name: TAXPAYERS ASSOCIATION OF INDIAN RIVER COUNTY, INC.**Current Principal Place of Business:**C/O ALICE JOHNSON
5470 E HARBOR VILLAGE DR.
VERO BEACH, FL 32967**Current Mailing Address:**P.O. BOX 1751
VERO BEACH, FL 32961-1751 IR**FEI Number: 54-2551432****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TERESI, PAUL
1285 ADMIRALS WALK
VERO BEACH, FL 32963 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TREASURER
Name	JOHNSON, ALICE J
Address	5470 E HARBOR VILLAGE DR.
City-State-Zip:	VERO BEACH FL 32967

Title	VP
Name	KENNEDY, STUART
Address	356 EUGENIA RD.
City-State-Zip:	VERO BEACH, FL FL 32963

Title	SECRETARY
Name	SOLARI, JACKIE
Address	730 PAINTED BUNTING LANE
City-State-Zip:	VERO BEACH FL 32963

Title	PRESIDENT
Name	KISTLER, JOHN
Address	4412 5TH PLACE SW
City-State-Zip:	VERO BEACH FL 32968

Title	VP
Name	TERESI, PAUL
Address	1285 ADMIRALS WALK
City-State-Zip:	VERO BEACH FL 32963

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: ALICE JOHNSON**TREASURER****01/14/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date