

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46161

Entity Name: THE EDUCATION FOUNDATION OF INDIAN RIVER COUNTY, INC.**FILED**
Apr 09, 2020
Secretary of State
5914468080CC**Current Principal Place of Business:**2926 PIPER DRIVE
BUILDING 13
VERO BEACH, FL 32960**Current Mailing Address:**PO BOX 7046
VERO BEACH, FL 32961 US**FEI Number: 59-3118402****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HERRON, DOUGLAS C.
513 SW TREASURE COVE
PORT SAINT LUCIE, FL 34986 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: DOUGLAS C HERRON****04/09/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	DOUGLASS, WILLIAM
Address	4825 50TH DRIVE
City-State-Zip:	VERO BEACH FL 32967

Title	T
Name	MCGUIGAN, JIM
Address	5170 COMPASS POINTE CIRCLE
City-State-Zip:	VERO BEACH FL 32966

Title	D
Name	ELFORD, JAMES
Address	716 SOUTH EASY STREET
City-State-Zip:	SEBASTIAN FL 32958

Title	D
Name	GERWEIN-MORETA, LAICA
Address	221 OCEAN BEACH TRAIL
City-State-Zip:	VERO BEACH FL 32964

Title	D
Name	MANCHESTER, MARION
Address	685 32ND COURT SW
City-State-Zip:	VERO BEACH FL 32968

Title	D
Name	MOORE, LEE
Address	P.O. BOX 644220
City-State-Zip:	VERO BEACH FL 32964

Title	D
Name	HERRON, DOUGLAS C.
Address	513 SW TREASURE COVE
City-State-Zip:	PORT SAINT LUCIE FL 34986

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: DOUGLAS C HERRON**D****04/09/2020**

Electronic Signature of Signing Officer/Director Detail

Date