

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50978

**FILED**  
**Jan 21, 2015**  
**Secretary of State**  
**CC1863759867**

**Entity Name:** THE LORD'S TABLE OF INDIAN RIVER COUNTY INC.

**Current Principal Place of Business:**

10074 ESPERANZA CIRCLE  
FELLSMERE, FL 32948

**Current Mailing Address:**

PO BOX 780686  
SEBASTIAN, FL 32978

**FEI Number:** 59-3146002

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRIBBEN, ROBERT F SR.  
137 BRIARCLIFF CIRCLE  
SEBASTIAN, FL 32958 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:** ROBERT F. GRIBBEN

01/21/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name DEMARTINO, CHARLES  
Address 1969 E. LAKEVIEW DR.  
City-State-Zip: SEBASTIAN FL 32958

Title VP  
Name MCELROY, MEREDITH  
Address 1968 E. LAKEVIEW DR.  
City-State-Zip: SEBASTIAN FL 32958

Title D  
Name MACDONALD, JOANNE  
Address 1070 GRACES LANDING CIRCLE  
APT. 109  
City-State-Zip: SEBASTIAN FL 32958

Title TREASURER  
Name GRIBBEN, ROBERT F SR.  
Address 137 BRIARCLIFF CIRCLE  
City-State-Zip: SEBASTIAN FL 32958

Title DIRECTOR  
Name BOWERS, CAMILLE  
Address 1611 CORAL REEF ST  
City-State-Zip: SEBASTIAN FL 32958

*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:** ROBERT F. GRIBBEN

**TREASURER**

01/21/2015

Electronic Signature of Signing Officer/Director Detail

Date