

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005865

**Entity Name:** PLANNED GIVING COUNCIL OF INDIAN RIVER, INC.**Current Principal Place of Business:**3340 CARDINAL DRIVE  
VERO BEACH, FL 32963**Current Mailing Address:**P.O. BOX 644001  
VERO BEACH, FL 32964**FEI Number:** 59-3358685**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCKINNON, CHARLES W  
3055 CARDINAL DR, STE 302  
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           | PRESIDENT           |
| Name            | MALYN, MICHELLE     |
| Address         | P.O. BOX 644001     |
| City-State-Zip: | VERO BEACH FL 32964 |

|                 |                     |
|-----------------|---------------------|
| Title           | PRESIDENT ELECT     |
| Name            | GREVENGOED, GLENN   |
| Address         | P.O. BOX 644001     |
| City-State-Zip: | VERO BEACH FL 32964 |

|                 |                     |
|-----------------|---------------------|
| Title           | T                   |
| Name            | DAVIS, JIM          |
| Address         | P.O. BOX 644001     |
| City-State-Zip: | VERO BEACH FL 32964 |

|                 |                     |
|-----------------|---------------------|
| Title           | S                   |
| Name            | RICKEY, REBECCA     |
| Address         | P.O. BOX 644001     |
| City-State-Zip: | VERO BEACH FL 32964 |

|                 |                     |
|-----------------|---------------------|
| Title           | VP                  |
| Name            | BENTLEY, ALLISON    |
| Address         | P.O. BOX 644001     |
| City-State-Zip: | VERO BEACH FL 32964 |

*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: JIM DAVIS****TREASURER****01/10/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date