

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005865

Entity Name: PLANNED GIVING COUNCIL OF INDIAN RIVER, INC.**Current Principal Place of Business:**2801 OCEAN DRIVE
SUITE 201
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:**GREVENGOED, GLENN B
2801 OCEAN DRIVE
SUITE 201
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:** GLENN B GREVENGOED

03/09/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|-------------------------------|
| Title | PRESIDENT |
| Name | GREVENGOED, GLENN |
| Address | 2801 OCEAN DRIVE SUITE 201 |
| City-State-Zip: | VERO BEACH FL 32963 |
| Title | T |
| Name | DAVIS, JIM |
| Address | P.O. BOX 644001 |
| City-State-Zip: | VERO BEACH FL 32964 |

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

PRESIDENT

03/09/2016

Electronic Signature of Signing Officer/Director Detail

Date