

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006207

Entity Name: INDIAN RIVER LITERARY SOCIETY, INC.**Current Principal Place of Business:**755 BEACHLAND BLVD.
VERO BEACH, FL 32963**Current Mailing Address:**P.O. BOX 644394
ATTN: CHENAULT
VERO BEACH, FL 32964 US**FEI Number:** 65-0794160**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHENAULT, SUSAN
755 BEACHLAND BLVD.
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 O
Name GORMAN, MARY
Address P.O. BOX 644394
City-State-Zip: VERO BEACH FL 32964

Title DIRECTOR
Name FERRELL, CATHY
Address P.O. BOX 644394
City-State-Zip: VERO BEACH FL 32964

Title DIRECTOR
Name PISTOLE, MERCEDES
Address P.O. BOX 644394
City-State-Zip: VERO BEACH FL 32964

Title DIRECTOR
Name REPLOGLE, MARY ELLEN
Address P.O. BOX 644394
City-State-Zip: VERO BEACH FL 32964

Title PRESIDENT
Name LOWE, THOMAS P
Address P.O. BOX 644394
City-State-Zip: VERO BEACH FL 32964

Title TREASURER
Name CHENAULT, SUSAN
Address P.O. BOX 644394
City-State-Zip: VERO BEACH FL 32964

Title VP
Name BASS, ELIZABETH
Address P.O. BOX 3308
City-State-Zip: VERO BEACH FL 32964

Title SECRETARY
Name SIRICH, PEGGY
Address P.O. BOX 644394
City-State-Zip: VERO BEACH FL 32964

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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: SUSAN L. CHENAULT**TREASURER****04/10/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

| | |
|-----------------|---------------------|
| Title | DIRECTOR |
| Name | MICHALS, RICKI |
| Address | P.O. BOX 644394 |
| City-State-Zip: | VERO BEACH FL 32964 |