2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006207

Entity Name: INDIAN RIVER LITERARY SOCIETY, INC.

FILED Feb 04, 2013 Secretary of State CC9999562883

Current Principal Place of Business:

755 BEACHLAND BLVD. VERO BEACH, FL 32963

Current Mailing Address:

P.O. BOX 3308

VERO BEACH, FL 32964

FEI Number: 65-0794160 Certificate of Status Desired: No

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	0	Title	0

Name VALLAR, MARY BETH Name GORMAN, MARY

Address P.O. 3308 Address P.O. BOX 3308 (NA)

City-State-Zip: VERO BEACH FL 32964 City-State-Zip: VERO BEACH FL 32964

Title O Title O

NameLOWE, THOMAS PNameWOOLLEY, DEBBIEAddressP.O. BOX 3308AddressP.O. BOX 3308(NA)City-State-Zip:VERO BEACH FL 32964City-State-Zip:VERO BEACH FL 32964

Title D Title D

Name STRAWSER, MARY ELLEN Name BAHRENBURG, WILLIAM

Address P.O. BOX 3308 (NA) Address P.O. BOX 3308

City-State-Zip: VERO BEACH FL 32964 City-State-Zip: VERO BEACH FL 32964

Title DIRECTOR Title DIRECTOR

Name DELACRUZ, OLIVIA Name CHENAULT, SUSAN

Address P.O. BOX 3308 Address P.O. BOX 3308

City-State-Zip: VERO BEACH FL 32964 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: DEBBIE WOOLLEY TREASURER 02/04/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR
Name JOHN, STORY

Address P.O. BOX 3308

City-State-Zip: VERO BEACH FL 32964

Title DIRECTOR

Name BASS, ELIZABETH Address P.O. BOX 3308

City-State-Zip: VERO BEACH FL 32964

Title DIRECTOR

Name SIRICH, PEGGY

Address P.O. BOX 3308

City-State-Zip: VERO BEACH FL 32964

Title DIRECTOR

Name PISTOLE, MERCEDES

Address P.O. BOX 3308

City-State-Zip: VERO BEACH FL 32964

Title DIRECTOR

Name REPLOGLE, MARY ELLEN

Address P.O. BOX 3308

City-State-Zip: VERO BEACH FL 32964