

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90065 035 ****61.25

| | | | | | |
|---|--|--|--|--|--|
| DOCUMENT # 701477 1. Entity Name GARDEN CLUB OF INDIAN RIVER COUNTY, INCORPORATED | | | |  | |
| Principal Place of Business 2526 17TH AVENUE VERO BEACH FL 32960 | | | Mailing Address 2526 17TH AVENUE VERO BEACH FL 32960 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number NO-T APPLICABLE | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| VERON, BONNIE 280 S PEPPERTREE DRIVE VERO BEACH FL 32963-1210 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Karen A. Vatland</u> January 27, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D. BONNIE, VERON 280 S. PEPPERTREE DR. VERO BEACH FL 32963-5012 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | xxxx <input type="checkbox"/> Change <input type="checkbox"/> Addition President Vatland, Karen 132 Anchor Drive 32963-2941 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CUNNINGHAM, BARBARA 685 GLENVIEW TERRACE VERO BEACH FL 32962-1516 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | RS BELL, KATHY 910 WINDSONG WAY VERO BEACH FL 32963-2543 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | FV BLYTHE, PATRICIA 825 90TH AVENUE VERO BEACH FL 32963-4285 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Second Vice President xxxx <input type="checkbox"/> Change <input type="checkbox"/> Addition Shaver, Nancy 141 White Jewel Court N 39263-4274 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | HINTON, MARJORIE A P.O. BOX 2941 VERO BEACH FL 32961-2941 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Karen A. Vatland</u> | | January 27, 2005 (772) 231-7595 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |
| | | <small>Date Daytime Phone #</small> | | | |