## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 702852**

FILED Mar 19, 2009 Secretary of State

Entity Name: UNITED WAY OF INDIAN RIVER COUNTY, INC.

Surrent P	rincipal Place of	Business:	New Principal Plac	e of Busilless.
	HAVENUE ACH, FL 32961	US		
Current N	lailing Address:		New Mailing Addre	ss:
PO BOX 1 /ERO BE.	960 ACH, FL 32961	US		
El Number	: 59-1087090 F	El Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	d Address of Curr	ent Registered Agent:	Name and Address	of New Registered Agent:
/ERO BE.	HAVENUE ACH, FL 32961	US		
	e named entity subl e of Florida.	mits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
n the Stat	e of Florida.	mits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,
n the Stat	e of Florida. RE:	mits this statement for the positions and state of Registered Ag		ed office or registered agent, or both,  Date
n the Stat	e of Florida. RE:	Signature of Registered Ag	ent	
n the Stat	e of Florida.  RE: Electronic S	Signature of Registered Ag RS: ete	ent	Date
on the State  CIGNATU  DFFICER  itle: lame: ddress: itty-St-Zip: itle: lame: ddress:	e of Florida.  RE: Electronic S  S AND DIRECTOI  CD () Del PENNEY, WILLIAM 571 BEACHLAND B	Rignature of Registered Agr RS: ete LVD 32963 ete RYN	ent  ADDITIONS/CHANG  Title:  Name:  Address:	Date  GES TO OFFICERS AND DIRECTOR
n the Stati SIGNATU DFFICER itte: lame: ddress:	e of Florida.  RE: Electronic S  S AND DIRECTOI  CD () Del PENNEY, WILLIAM 571 BEACHLAND B VERO BEACH, FL :  SD () Del MARSHALL, KATHE 1801 24TH STREET	Bignature of Registered Ag  RS: ete LVD 32963 ete RYN F 32960 ete	ent  ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL KINT CEO 03/19/2009