FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

703143

(8)

INDIAN RIVER LITTLE HOUSE ASSOCIATION, INC.

Principal Place of Business Mailing Address								- •		e ieri eioii ei			
1846 18 AVE				P.O. BOX 823					D. 1. 1				
VERO BEACH FL 32960				VERO BEACH FL 32961-0823				3.	Date Incorporated or Qualified	ı			
US								4	11/10/1961 FEI Number				oplied For
						"	59-2359662		ŀ		ot Applicable		
2. Principal P	lace of Busin	ess	2a.	2a. Mailing Address				-			<u>+</u>		
21				26				5.	Certificate of Status Desired				Additional equired
Suite, Apt. #, etc.				Suite, Apt. #, etc.				6.	Election Campaign Financing				May Be
22				27					Trust Fund Contribution				Fees
City & State				City & State				7.	Is this nonprofit corporation a	nomeowne	rs asso	ciatio	n?
23				28						☐ Yes ¹	No.	-	
Zip	Zip Country			├			Country		This corporation owes or has p				
24 25				29 30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent						
9. Name and Address of Current Registered Agent							Name	10.	, Name and Address of New H	egistered	Agent		
LEE AFILE						81 Name							
lee, gene 878 gladiola avenue							Street Add	Address (P.O. Box Number is Not Acceptable)					
			83				·						
SEBASTIAN FL 32958													
							City			FI	85	Zip	Code -
11. Pursuant	to the provision	ons of Sections 617.	0502 and 6	17,1508, Florida Statut	es, the ab	ove	s-named corr	oratio	on submits this statement for the		e l	aina it	s registered
office or r	egistered age	ent, or both, in the S	tate of Flori	da. Such change was	authorized	by	the corpora	tion's t	on submits this statement for the board of directors. I hereby acc	ept the ap	oointme	ent as	registered
	III ICATINICA WIL	and accept the ci	Dilgations o	1, 0000011011.0000, 1 (orida diam	1163	··						
SIGNATURE	or printed name of registere	d agent and title	if applicable. (NOT	E: Registered	Age	nt signature requi	red when	n reinstating)	DATE				
12.				ND DIRECTORS		13.		,	ADDITIONS/CHANGES TO OFF	ICERS AN			
rmue	STD			☐ DELETE			1.1 TITLE				☐ C	nange	Addition
NAME -		Y, SCOTT					1.2 NAME						
STREET ADDRESS					1.3 STR	1.3 STREET ADDRESS							
CITY-ST-ZIP	VERO BCH FL						1.4 CITY-ST-ZIP						
TITLE	DP DP			DELETE		2.1 TILE					☐ CI	ange	☐ Addition
NAME	LEE, GENE					2.2 NAME							
STREET ADDRESS	878 GLADIOLA AVENUE					2.3 STREET ADDRESS							
CITY-ST-ZIP TITLE	SEBASTIA	AN FL		☐ DELETE			2. 4 CITY-ST-ZIP 3.1 TITLE			* + #4	По	ange	Addition
NAME	D WALKER, CARL			<u></u>			3.1 IIILE 3.2 NAME				~	เขเเกิด	- Angunon
STREET ADDRESS	4910 OLD DIXIE HWY					3.3 STREET ADDRESS							
CITY-ST-ZIP	VERO BEACH FL						3.4. CITY-ST-ZIP						
TITLE	D			☐ DELETE			4.1 TITLE			•	☐ CI	алде	Addition
NAME	TIBBITS, FRANCES					4. 2 NAME							
STREET ADDRESS	1690 11TH PLACE					4.3 STREET ADDRESS							
CITY-ST-ZIP	VERO BCH, FL 00000					4.4 CITY-ST-ZIP							
TITLE	D		,	☐ DELETE		5.1 TITLE					Ch	ange	Addition
NAME	GRAVES,	WILLIAM			5.2 NAM							-	
STREET ADDRESS	I			5.3 STF		S STREET ADDRESS							
CITY-ST-ZIP	ST-ZIP VERO BCH FL						TY-ST-ZIP						
TITLE				DELETE 6.11							☐ Ct	ange	☐ Addition
NAME	MCDOUG	ALD, MAX			6.2 NAM	ΛE							
STREET ADDRESS 5955 24TH STREET				6.3 S			6.3 STREET ADDRESS						
CITY-ST-ZIP VERO BEACH FL				6.4			6.4 CITY-ST-ZIP						

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changes, or on an attachment with an address.

SIGNATURE:

ON WILLES DEOLINED

1-14-97 54-562-5935

FILED

Jan 27 1998 8:00am

Secretary of State

E PARTIE LEBER BEITE BEITE BERRE BERRE LIEF BERRE HERE MEDER MINTE BERRE BERRE BERRE BERRE BERRE

(2E037 (10/97)