### FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 703143**

1. Corporation Name

#### INDIAN RIVER LITTLE HOUSE ASSOCIATION, INC.

Principal Place of Busines	SS
1846 18 AVE VERO BEACH FL 32960 US	

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

City & State

P.O. BOX 823

26

27

VERO BEACH FL 32961-0823

# **FILED** Mar 25, 1999 8:00 am § Secretary of State

03-25-1999 90022 025 \*\*\*\*61.25

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Applied For

~ \$8.75 Additional

Not Applicable

3. Date Incorporated or Qualifed

11/10/1961

59-2359662

4. FEI Number

City & State	City & State				5. Certifcate of Status	Desired 🔲	~ <b>~ ′\$8.75</b> A Fee Red	1
23	28							-
Zip Country	Zip Country			6. Election Campaign Financing		•	\$5.00 May Be	
24 25	29	30			Trust Fund Contribu		Added to	Fees
9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent				
			81 N	vame דא	MES A. TAYL	OR, III		
LEE, GENE			82 S	Street Addre	ss (P.O. Box Number is I	Not Acceptable)		
878 GLADIOLA AVENUE				The Oak Point Professional Center			r	
SEBASTIAN FL 32958			83 5	83 Suite 200, 5070 N. Highway A-1-A				
APPURIUM I P APAR				City	·····			
				Vero 1	Beach,		FL 85 329	
11. Pursuant to the provisions of Sections 617.0502	and 617.1508, Flor	rida Statutes, the	above-na	amed corpo	ration submits this staten	nent for the purpos	se of changing its i	registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	ons of Section 617	.0503, Florida St	atutes.	Corporation	18 DOMIN OF CHECKOTS, 1 IN	ereby accept the t	appointment as reg	, stored
SIGNATURE		JAMES	_	AYLOR	. TTT			
Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Register	red Agent sig	gnature required	when reinstating)	DAT		
12. OFFICERS AN		1:	3.		ADDITIONS/CHANG	SES TO OFFICER		
TITLE STD		DELETE 1.1	TITLE				Change	Addition
NAME STRADLEY, SCOTT		1.2	NAME					1
STREET ADDRESS 655 10TH COURT		1.3	STREET AD	DRESS			•	
CITY-ST-ZIP VERO BCH FL			CITY-ST-ZI	P.				
TITLE DP		DELETE 2.1	TITLE	ŀ		· .	☐ Change	☐ Addition
NAME LEE, GENE		2.2	NAME	[				j
STREET ADDRESS 878 GLADIOLA AVENUE		2.3	STREET AD	DRESS			÷	
CITY-ST-ZIP SEBASTIAN FL		2.	4 CITY-ST-Z	DP D				
TITLE D		DELETE 3.1	TITLE		•		Change	☐ Addition
NAME WALKER, CARL		3.2	NAME		•			1
STREET ADDRESS 4910 OLD DIXIE HWY		3.3	STREET AD	DRESS				ŀ
CITY-ST-ZIP VERO BEACH FL		3.4	. CMY-ST-Z	IP .				
TITLE D		DELETE 4.1	TITLE			-	☐ Change	Addition
NAME TIBBITS, FRANCES		4.;	2 NAME					
STREET ADDRESS 1690 11TH PLACE		4.3	STREET AD	DRESS				ĺ
CITY-ST-ZIP VERO BCH, FL 00000		4.4	CITY-ST-ZI	(P				
TITLE D	<b>X</b>	DELETE 5.1	TITLE	JAI	MES A. TAYL	OR, III	Change	☐ Addition
NAME GRAVES, WILLIAM	•	5.2	NAME	50	70 N. Highw	ay A-1-A	, Suite	200
STREET ADDRESS 376 8TH COURT		5.3	STREET AD	įvę.	ro Beach, F		3.F <sub></sub>	
CITY-ST-ZIP VERO BCH FL			CITY-ST-ZI	P Ti	tle: Presi	.dent		
TITLE D		DELETE 6.1	TITLE			•	☐ Change	☐ Addition
NAME MCDOUGALD, MAX		6.2	NAME					
STREET ADDRESS 5955 24TH STREET		6.3	STREET AD	DRESS				
CITY-ST-ZIP VERO BEACH FL		. 84	CITY-ST-ZI	IP [				ı

I nereby 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 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**