

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703474

FILED  
Jan 15, 2009  
Secretary of State

**Entity Name:** INDIAN RIVER PRESBYTERIAN CHURCH, INC.

**Current Principal Place of Business:**

2499 VIRGINIA AVENUE  
FT PIERCE, FL 34982 US

**New Principal Place of Business:**

**Current Mailing Address:**

2499 VIRGINIA AVENUE  
FT PIERCE, FL 34982 US

**New Mailing Address:**

**FEI Number:** 59-1100543

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLIN, DANA  
645 SW LAKE CHARLES CIRCLE  
PORT SAINT LUCIE, FL 34986 US

**Name and Address of New Registered Agent:**

ALLIN, DANA  
4161 WORLINGTON TERRACE  
FORT PIERCE, FL 34947 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:

01/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTR ( ) Delete  
Name: KEIM, BARRY  
Address: 5103 PALEO PINES CR.  
City-St-Zip: FORT PIERCE, FL 34951

Title: S ( ) Delete  
Name: SOWERBY, CINDY  
Address: 1626 THUMB POINT DR  
City-St-Zip: FORT PIERCE, FL 34949

Title: T ( ) Delete  
Name: DELULLIO, DAN  
Address: 1647 THUMB POINT DR  
City-St-Zip: FORT PIERCE, FL 34949

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: KEYES, CATHY  
Address: 5151 N HWY A1A APT A415  
City-St-Zip: FORT PIERCE, FL 34949

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DEBORAH FREIFELD

OFF

01/15/2009

Electronic Signature of Signing Officer or Director

Date