

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 704265 (8)**

1. Corporation Name

**MATRONS FEDERATED CLUB OF INDIAN RIVER COUNTY, I NC.**

Principal Place of Business

Mailing Address

3200-46TH ST  
VERO BEACH FL 32967-1166

3200-46TH ST  
VERO BEACH FL 32967-1166



3. Date Incorporated or Qualified

07/10/1962

3a. Date of Last Report

03/02/1995

4. FEI Number

59-6582409

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3200-46th St

Suite, Apt. #, etc.

22

23 Vero Beach, Fla.

City & State

Zip

24 32967

Country

25 U.S.

26 3200-46th St

Suite, Apt. #, etc.

27 Vero Beach, Fla. 32967

City & State

Zip

28 32967

Country

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JORDAN, ROBERT P. III, ESQ.  
4690 LIPSCOMB ST. N.E., STE 8  
PALM BAY FL 32905

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
MCMULLEN, MATTYE  
STREET ADDRESS 4456-28TH AVE  
CITY - ST - ZIP VERO BEACH FL

TITLE ☐ DELETE

NAME D  
MINNIS, LILLIE M  
STREET ADDRESS 4301 28TH AVE  
CITY - ST - ZIP VERO BEACH FL

TITLE ☐ DELETE

NAME D  
DUPREE, BEULAH  
STREET ADDRESS 1705-38TH LANE  
CITY - ST - ZIP VERO BEACH FL

TITLE ☐ DELETE

NAME D  
JACKSON, BERTHA  
STREET ADDRESS 3200-46TH ST  
CITY - ST - ZIP VERO BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)