

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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
US

3200-46TH ST
VERO BEACH FL 32967-1166

3. Date Incorporated or Qualified

07/10/1962

4. FEI Number

59-6582409

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
REGINALD B. SESSIONS, ESQUIRE

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

83

84 City
FORT PIERCE FL 85 Zip Code
34950

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 REGINALD B. SESSIONS, ESQUIRE *Reginald B. Sessions*

JULY 23, 1998

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I hereby 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.

SIGNATURE: MATTYE MC MULLEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 31, 1998

Date

Daytime Phone #

FILED
Aug 05 1998 8:00am
Secretary of State



CR2E037 (5/98)