

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 FEB -2 AM 11:05

DOCUMENT # 709162 (2)
1. Corporation Name
ECONOMIC OPPORTUNITIES COUNCIL OF INDIAN RIVER COUNTY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business / Mailing Address
/INDIAN RIVER COUNTY, INC.
1316 20TH STREET
VERO BEACH FL 32960

3. Date Incorporated or Qualified **06/16/1965** 3a. Date of Last Report **01/27/1994**

4. FEI Number **59-1144567** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **1456 Old Dixie Hwy** 26
Suits, Apt. #, etc. Suits, Apt. #, etc.
22 **Bldg. B** 27
City & State City & State
23 **Vero Beach, Florida** 28
Zip Country Zip Country
24 **32960** 25 **Indian River** 29 **FL** 30 **US**

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

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

9. Name and Address of Current Registered Agent
**STRAWTER, JEAN N.
1316 20TH ST
VERO BEACH FL 32960**

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|---|---|
| TITLE | PD | 1.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JEFFERSON, HENRY | 1.2 NAME | Geraldine A. Faison |
| STREET ADDRESS | 8450 - 62ND AVENUE | 1.3 STREET ADDRESS | 5926 - 57th St. Vero Bch, FL 32967 |
| CITY - ST - ZIP | WABASSO FL | 1.4 CITY - ST - ZIP | |
| TITLE | VD | 2.1 TITLE | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FAISON, GERALDINE | 2.2 NAME | Richard Confort |
| STREET ADDRESS | 5926 - 57TH STREET | 2.3 STREET ADDRESS | 1055 5th Ave #A-4 |
| CITY - ST - ZIP | VERO BEACH FL | 2.4 CITY - ST - ZIP | Vero Bch, FL 32960 |
| TITLE | SD | 3.1 TITLE | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JENKINS, JAMES C | 3.2 NAME | Eleanor Renuant |
| STREET ADDRESS | 3980 - 46TH PL | 3.3 STREET ADDRESS | 675 Cypress Rd |
| CITY - ST - ZIP | VERO BEACH FL | 3.4 CITY - ST - ZIP | Vero Bch, FL 32962 |
| TITLE | | 4.1 TITLE | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | James C. Jenkins |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 3980 - 46th Pl |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | Vero Bch, FL 32967 |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 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 110.07(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 in an attachment with an address.

SIGNATURE: James C. Jenkins Date: 2-27-95 (Typed Name) 407562-5429 (System Name)