


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 18, 2005 8:00 am**  
**Secretary of State**

08-18-2005 90001 005 \*\*\*\*61.25

<b>DOCUMENT # 709162</b>					
1. Entity Name ECONOMIC OPPORTUNITIES COUNCIL OF INDIAN RIVER COUNTY, INC.					
Principal Place of Business 1456 OLD DIXIE HWY BLDG B VERO BEACH, FL 32960 US		Mailing Address /INDIAN RIVER COUNTY, INC. PO BOX 2766 VERO BEACH, FL 32961 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	08122005	Chg-NP CR2E037 (10/03)
4. FEI Number 59-1144567				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PATTEN, BARBARA 1456 OLD DIXIE HWY. BLDG. B VERO BEACH, FL 32960			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAISON, GERALDINE A		NAME	CLIFFORD REARD	
STREET ADDRESS	5926-57TH ST		STREET ADDRESS	5730 - 46th STREET	
CITY-ST-ZIP	VERO BEACH, FL		CITY-ST-ZIP	VERO BEACH, FLORIDA 32967	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, JERRY		NAME	PATRICIA JACKSON	
STREET ADDRESS	4630 57TH AVE		STREET ADDRESS	907 N.E. 5th STREET	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	OKEECHOBEE FLORIDA 34977	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	RICHARD BAKER - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOUDE, DEXTER REV.		NAME	10305 - 136th AVE.	
STREET ADDRESS	3525 68TH PLACE		STREET ADDRESS	Fellsmeer, FLORIDA 32948	
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	MARY B. McKinney - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CIRILLO, ANJANI		NAME	15616 41st STREET	
STREET ADDRESS	11105 ROSELNAD RD.		STREET ADDRESS	VERO BEACH, FLORIDA 32967	
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSTON-CARLSON, JOYCE		NAME	SUE ROX	
STREET ADDRESS	485 NIEUPORT DR.		STREET ADDRESS	117 HINCHMAN AVE	
CITY-ST-ZIP	VERO BEACH, FL 32968		CITY-ST-ZIP	SEBASTIAN, FLORIDA 32958	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, JAMES C		NAME		
STREET ADDRESS	3980 46TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Barbara Patten</u>			8/12/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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