


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90071 023 \*\*\*\*61.25

<b>DOCUMENT # 709162</b>			
<b>1. Entity Name</b> ECONOMIC OPPORTUNITIES COUNCIL OF INDIAN RIVER COUNTY, INC.			
<b>Principal Place of Business</b> 1456 OLD DIXIE HWY BLDG B VERO BEACH, FL 32960 US		<b>Mailing Address</b> /INDIAN RIVER COUNTY, INC. PO BOX 2766 VERO BEACH, FL 32961 US	
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>4. FEI Number</b> 59-1144567		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
PATTEN, BARBARA 1456 OLD DIXIE HWY. BLDG. B VERO BEACH, FL 32960		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	SD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAISON, GERALDINE A	NAME	RUZ, SUE
STREET ADDRESS	5926-57TH ST	STREET ADDRESS	117 HINCHMAN AVE.
CITY-ST-ZIP	VERO BEACH, FL	CITY-ST-ZIP	SEBASTIAN, FL. 32958
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, PATRICIA	NAME	MARY B. MCKINNEY
STREET ADDRESS	707 NE 5TH STREET	STREET ADDRESS	5616 41ST ST.
CITY-ST-ZIP	OKEECHOBEE, FL 34972	CITY-ST-ZIP	VERO BEACH, FL. 32967
TITLE	PD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOUDE, DEXTER REV.	NAME	RALPH WATTS
STREET ADDRESS	3525 68TH PLACE	STREET ADDRESS	17 PALM COURT
CITY-ST-ZIP	VERO BEACH, FL 32967	CITY-ST-ZIP	OKEECHOBEE, FL. 34974
TITLE	TD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CIRILLO, ANJANI	NAME	SIMMY HENDRICKS
STREET ADDRESS	11105 ROSELNAD RD.	STREET ADDRESS	P.O. BOX 32
CITY-ST-ZIP	SEBASTIAN, FL 32958	CITY-ST-ZIP	WINTER BEACH, FL. 32971
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REL FORD, CLIFFORD	NAME	
STREET ADDRESS	5730 46TH STREET	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32967	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, RICHARD	NAME	
STREET ADDRESS	10305 130TH AVE	STREET ADDRESS	
CITY-ST-ZIP	FELLSMERE, FL 32948	CITY-ST-ZIP	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>			
SIGNATURE: <i>J. Patten</i>		Date: 1/24/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: (772) 562-7729	