

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709162

FILED
Jul 15, 2009
Secretary of State

Entity Name: ECONOMIC OPPORTUNITIES COUNCIL OF INDIAN RIVER COUNTY, INC.

Current Principal Place of Business:

1456 OLD DIXIE HWY
BLDG B
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

/INDIAN RIVER COUNTY, INC.
PO BOX 2766
VERO BEACH, FL 32961 US

New Mailing Address:

FEI Number: 59-1144567 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PATTEN, BARBARA
1456 OLD DIXIE HWY.
BLDG. B
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

JACALYN, JENNINGS
1456 OLD DIXIE HWY.
BLDG. B
VERO BEACH, FL 32960 US

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.

SIGNATURE: JACALYN JENNINGS

07/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: FAISON, GERALDINE A
Address: 5926-57TH ST
City-St-Zip: VERO BEACH, FL

Title: D () Delete
Name: JACKSON, PATRICIA
Address: 707 NE 5TH STREET
City-St-Zip: OKEECHOBEE, FL 34972

Title: PD () Delete
Name: GOUDE, DEXTER REV.
Address: 3525 68TH PLACE
City-St-Zip: VERO BEACH, FL 32967

Title: TD () Delete
Name: CIRILLO, ANJANI
Address: 11105 ROSELNAD RD.
City-St-Zip: SEBASTIAN, FL 32958

Title: D () Delete
Name: RELFORD, CLIFFORD
Address: 5730 46TH STREET
City-St-Zip: VERO BEACH, FL 32967

Title: VD () Delete
Name: BAKER, RICHARD
Address: 10305 130TH AVE
City-St-Zip: FELLSMERE, FL 32948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JACKSON, PATRICIA
Address: 33 RD TRAIL
City-St-Zip: OKEECHOBEE, FL 34972

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACALYN JENNINGS

CEO

07/15/2009

Electronic Signature of Signing Officer or Director

Date