

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709584

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: INDIAN RIVER COMMUNITY COLLEGE FOUNDATION, INC.

**Current Principal Place of Business:**

3209 VIRGINIA AVE  
FORT PIERCE, FL 349815596

**New Principal Place of Business:**

**Current Mailing Address:**

3209 VIRGINIA AVE  
FORT PIERCE, FL 349815596

**New Mailing Address:**

FEI Number: 59-1105591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRIFFIN, CHESTER B ATTY  
311 SOUTH 2ND STREET  
FT PIERCE, FL 34950 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ABNEY, JOHN  
Address: P.O. DRAWER 700  
City-St-Zip: OKEECHOBEE, FL 34974

Title: D ( ) Delete  
Name: ADAMS, MICHAEL L  
Address: P.O. BOX 12909  
City-St-Zip: FT. PIERCE, FL 34979

Title: EXED ( ) Delete  
Name: HAISLEY, JIMMIE ANNE  
Address: 3600 NORTH MILTON ROAD  
City-St-Zip: FORT PIERCE, FL 34946

Title: CD ( ) Delete  
Name: CONRADO, JOSE L  
Address: 1001 ADMIRALS WALK  
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete  
Name: CLEMONS, SUSANNE H  
Address: 4853 NW 30TH ST  
City-St-Zip: OKEECHOBEE, FL 34972

Title: VCD ( ) Delete  
Name: AMOWITT, EDWIN  
Address: 960 S W BAY POINTE CIRCLE  
City-St-Zip: PALM CITY, FL 349901758

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: EXED (X) Change ( ) Addition  
Name: DECKER, ANN L  
Address: PO BOX 497  
City-St-Zip: JENSEN BEACH, FL 34958

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: ANN L. DECKER

EXED

01/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date