


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **714273** (0)

1. Corporation Name

INDEPENDENT INSURANCE AGENTS OF INDIAN RIVER COUNTY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 785
VERO BEACH FL 32961-0785
US

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VERO BEACH FL 32961-0785
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/19/1968** 3a. Date of Last Report **01/25/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

23-7421534

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

**COOKSEY, BYRON T.
979 BEACHLAND BLVD.
VERO BEACH FL 32963**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **REDISH, JACK**
STREET ADDRESS **2156 PONCE DE LEON CIRCLE**
CITY-ST-ZIP **VERO BEACH FL**

1.1 TITLE **Director** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **WALLACE, SCOTT C**
STREET ADDRESS **2911 CARDINAL DR.**
CITY-ST-ZIP **VERO BCH FL 32963**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **THOMPSON, AMY**
STREET ADDRESS **2046 14TH AVE.**
CITY-ST-ZIP **VERO BEACH FL 32960**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **PAPERTH, CHARLES**
STREET ADDRESS **2800 OCEAN DR.**
CITY-ST-ZIP **VERO BEACH FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **PED** ☐ DELETE
NAME **ROSELAND, CHERYL**
STREET ADDRESS **2045 14TH AVE.**
CITY-ST-ZIP **VERO BEACH FL**

5.1 TITLE **President & Director** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **President Elect & Director** ☐ Change ☒ Addition
6.2 NAME **William Nesper**
6.3 STREET ADDRESS **827 8th St.**
6.4 CITY-ST-ZIP **Vero Beach, FL 32962**

14. I do 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 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 on an attachment with an address.

SIGNATURE **SIGNATURE REQUIRED** 11:00 Treasurer 8/20/97 (561)231-2828

CR2E037 (4/97)