

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90387 038 *****61.25

DOCUMENT # 716412

1. Entity Name

INDIAN RIVER DRIVE FREEHOLDERS, INC.



Principal Place of Business

11090 RIDGE AVE.
FT PIERCE FL 34982

Mailing Address

11090 RIDGE AVE.
FT PIERCE FL 34982



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

65-1092159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHARP, C.R.
8205 S. INDIAN RIVER DR.
FORT PIERCE FL 34982

Name MOLLET, CHRISTIANE
Street Address (P.O. Box Number is Not Acceptable)

3431 S. INDIAN RIVER DR.
City FORT PIERCE FL 34982

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHARP, C.R.	
STREET ADDRESS	8205 S. INDIAN RIVER DR.	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STINETTE, KEVIN	
STREET ADDRESS	10303 S INDIAN RIVER DR	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOLLET, CHRISTIANE	
STREET ADDRESS	3431 S INDIAN RIVER DR	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BURGESS, THORNTON	
STREET ADDRESS	4529 S. INDIAN RIVER DR.	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EDDINGTON, DEBRA	
STREET ADDRESS	4529 S. INDIAN RIVER DR.	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERY, HARRY	
STREET ADDRESS	8600 S. INDIAN RIVER DR.	
CITY-ST-ZIP	FORT PIERCE FL 34982	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLLET, CHRISTIANE	
STREET ADDRESS	3431 S INDIAN RIVER DR	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STINETTE, KEVIN	
STREET ADDRESS	10303 S INDIAN RIVER DR	
CITY-ST-ZIP	FORT PIERCE, FL 34982	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELTON, JOHN D	
STREET ADDRESS	7903 S INDIAN RIVER DR	
CITY-ST-ZIP	FT. PIERCE, FL 34982	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARP, C.R.	
STREET ADDRESS	8205 S. INDIAN RIVER DR	
CITY-ST-ZIP	FORT PIERCE, FL 34982	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERY, HARRY	
STREET ADDRESS	8600 S. INDIAN RIVER DR	
CITY-ST-ZIP	FORT PIERCE, FL 34982	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROL, JON	
STREET ADDRESS	8503 S. INDIAN RIVER DR	
CITY-ST-ZIP	FORT PIERCE, FL 34982	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #