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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723106

1. Corporation Name

INDIAN RIVER HOSPITAL FOUNDATION, INC.

Principal Place of Business

1000-36TH STREET
VERO BEACH FL 32960

Mailing Address

1000-36TH STREET
VERO BEACH FL 32960



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/20/1972

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-0760215

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'GRADY, MICHAEL J. JR.
1000-36TH STREET
VERO BEACH FL 32960

81 Name

JEFFREY L. SUSI

82 Street Address (P.O. Box Number is Not Acceptable)

1000 36th St.

83

84 City

Vero Beach

FL

85 Zip Code 32960

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

4/15/99

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 DELETE
NAME HOUPT, DONALD M JR
STREET ADDRESS 100 OCEAN DRIVE
CITY-ST-ZIP VERO BEACH FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME VD
HARCOURT, AMORY J
STREET ADDRESS 5680 NORTH A1A, APT. 107
CITY-ST-ZIP VERO BEACH FL

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

TITLE DELETE
NAME TD
HOPKINS, CARTER
STREET ADDRESS 1580 GRACEWOOD LANE
CITY-ST-ZIP VERO BEACH FL

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

TITLE DELETE
NAME SD
MATTHEWS, RICHARD L
STREET ADDRESS 726 RIOMAR DRIVE
CITY-ST-ZIP VERO BEACH FL 32963

4.1 TITLE Change Addition
4.2 NAME President/Director
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE 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 Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Richard L Matthews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

(561)567-4311

Daytime Phone #

CR2E037 (11/98)

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