

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723106

FILED
Jan 19, 2009
Secretary of State

Entity Name: INDIAN RIVER HOSPITAL FOUNDATION, INC.

Current Principal Place of Business:

1000-36TH STREET
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1000-36TH STREET
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 59-0760215 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUSI, JEFFREY L
1000 36TH ST.
VERO BEACH, FL 32960 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: CD () Delete
Name: JONES, ALLEN N
Address: 301 INDIAN HARBOR RD
City-St-Zip: VERO BEACH, FL 32963

Title: SD () Delete
Name: MCCORD, JOHN
Address: 700 MANATEE COVE
City-St-Zip: VERO BEACH, FL 32963

Title: M () Delete
Name: DONLAN, JAN
Address: 1000 36TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: TD () Delete
Name: MELONE, VICTOR J
Address: 140 ANCHOR DR
City-St-Zip: VERO BEACH, FL 32963

Title: VCD () Delete
Name: KENNEDY, JOHN R
Address: 201 TERRAPIN RD
City-St-Zip: VERO BEACH, FL 32963

Title: VCD () Delete
Name: SHERIDAN, CHAMPLIN R
Address: 150 SEASPRAY LANE
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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: JAN DONLAN

Electronic Signature of Signing Officer or Director

M

01/19/2009

Date