


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90117 045 ****70.00

DOCUMENT # 728675

1. Entity Name
INDIAN RIVER COUNTY COUNCIL ON AGING, INC.



Principal Place of Business
 694 14TH ST
 PO BOX 2102
 VERO BCH, FL 32960

Mailing Address
 694 14TH ST
 PO BOX 2102
 VERO BCH, FL 32960

24045006



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04152004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-1539957

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WILLIAMSON, BILL JR
604 EUGENIA ROAD
VERO BEACH, FL 32963

7. Name and Address of New Registered Agent

Name
MARGARET LAWRENCE

Street Address (P.O. Box Number is Not Acceptable)
725 SANDFLY LANE

City
VERO BEACH, FL Zip Code
32963

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 *Margaret Lawrence* DATE *April 15, 2004*

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMSON, BILL JR. 604 EUGENIA RD VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARGARET LAWRENCE 725 SANDFLY LANE VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MATHER, KELLY 733 N FISCHER CIRCLE SEBASTIAN, FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARIE ROBERTS 936 SEACRAPE LANE VERO BEACH FL 32963 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TILNEY BUD 1515 ORCHID DR VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GERRY THISTLE 2045 14TH AVENUE VERO BEACH, FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALKER, ALETHEA 2010 CLUB DRIVE VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALETHEA WALKER 2010 CLUB DRIVE VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Margaret Lawrence* DATE *April 15, 2004*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #