

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90220 028 ****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

40084047



2. Principal Place of Business - No P.O. Box #
694 14th Street
 Suite, Apt. #, etc.

3. Mailing Address
694 14th Street
 Suite, Apt. #, etc.

04202007 Chg-NP CR2E037 (12/06)

City & State
Vero Beach FL

City & State
Vero Beach FL

Zip Country
32960 Indian River

Zip Country
32960 Indian River

4. FEI Number
59-1539957

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
LAWRENCE, MARGARET
725 SANDFLY LANE
VERO BEACH, FL 32963

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Filing Fee is \$61.25 Due by May 1, 2007

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 LAWRENCE, MARGARET 725 SANDFLY LANE VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lawrence, Margaret 725 Sandfly Lane Vero Beach FL 32963 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HIMMEL, ANNE 1801 OCEAN DR VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Thistle, Berry 14th Avenue Vero Beach, FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MICHAEL, DAWN 2506 OCEAN DR VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Segura, Thomas 660 Beachland Blvd Vero Beach FL 32963 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TURNER, WILLIAM 151 N WHITE JEWEL CT VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Turner, William 151 N. White Jewel Court Vero Beach FL 32963 <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	Chief Executive Officer Deigl, Karen B. 120 Amy Ann Lane Vero Beach, FL 32963 <input type="checkbox"/> Change <input checked="" 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 exemptions contained 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 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: Karen B. Deigl **Karen B. Deigl** 4-23-2007 772-569-0760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #