
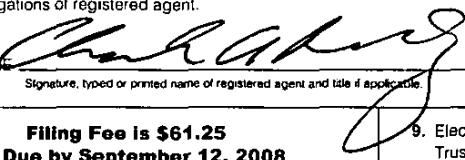
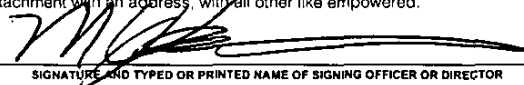


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

06-09-2008 90002 015 ****61.25

DOCUMENT # 733596					
1. Entity Name ABILITIES RESOURCE CENTER OF INDIAN RIVER COUNTY, INC.					
Principal Place of Business 1375-16TH AVENUE VERO BEACH, FL 32960-3768			Mailing Address 1375-16TH AVENUE VERO BEACH, FL 32960-3768		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1626205	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAKER, ROGER 1375 16TH AVENUE VERO BEACH, FL 32960			7. Name and Address of New Registered Agent Name: BRADLEY, CHARLES Street Address (P.O. Box Number is Not Acceptable): 1375 16TH AVENUE City: VERO BEACH FL Zip Code: 32960		
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:  CHARLES BRADLEY, CEO DATE: 5-30-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VCD <input type="checkbox"/> Delete	TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURNS, MICHAEL	NAME	BURNS, MICHAEL		
STREET ADDRESS	333 17TH STREET SUITE A	STREET ADDRESS	333 17TH ST, SUITE A		
CITY-ST-ZIP	VERO BEACH, FL 32960	CITY-ST-ZIP	VERO BEACH, FL 32960		
TITLE	COBD <input checked="" type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CHENAULT, SUSAN	NAME	BRACKINS, A.J.		
STREET ADDRESS	275 DATE PALM RD, #601	STREET ADDRESS	1375 16TH AVE		
CITY-ST-ZIP	VERO BEACH, FL 32763	CITY-ST-ZIP	VERO BEACH, FL 32960		
TITLE	EXDD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BAKER, ROGER	NAME	PICKAN, William		
STREET ADDRESS	1375 16TH AVE	STREET ADDRESS	1410 THORPE LANE #204		
CITY-ST-ZIP	VERO BEACH, FL 32960	CITY-ST-ZIP	VERO BEACH, FL 32960		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		Date: 5-30-08		Daytime Phone #: 772-562-6634	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	