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.							00-09-2008	s 90002 0	1301	23	
Principal Place of Business 1375-16TH AVENUE VERO BEACH, FL 32960-3768			Mailing Address 1375-16TH AVENUE VERO BEACH, FL 32960-3768			•,					
2. Principal Pl	ace of Busine	ess - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				05232008	Chg-NP	CR2E	037 (12/06)	
City & State			City & State				4. FEI Numbe 59-162				plied For t Applicable
Zip	Zip Country		Zip -	Zip Cou		5. Certificate of Status De			Desired S8.75 Additional Fee Required		
	6. Name	and Address of Currer	it Registered Agent				7. Name and	Address of Ne	w Registere	d Agent	
DAKED D	2050				Name	200	1100	140	RLE	<	
BAKER, RO 1375 16TH					Street Add	dross (F	O Box Alumbi	er is Not Accept	<u>· · - </u>	-	
VERO BEA					23	75	162	AVE	Nue		
12.1002.											
					City	70	Beach	<u> </u>	F	L Zio Code	160
	named entity ions of regist		for the purpose of changing it	s register	ed office or re	registere	ed agent, or bo	th, in the State o	Florida. 1 a	m tamiliar with,	and accept
the obligati	Signature, typed	or printed name of registered age	int and title if applicable. (NO	TE: Registere	LES BI ed Agent signature		ley (CEO	ک DATI	30.08	<u>\$</u>
signature:	Filing Fe	or printed name of registered age is \$61.25 tember 12, 2008	9. Election Ca Trust Fund	ampaign F	ed Agent signature	e required		3e	DATI Make che		<u> </u>
signature:	Filing Fe ue by Sep	or printed name of registered age e is \$61.25 tember 12, 2008	9. Election Ca Trust Fund	ampaign F	id Agent signature Financing tion.	e required	\$5.00 May E Added to Fees	3e	Make che Florida Dep	eck payable to artment of St DIRECTORS IN	cate
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12. 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

MILLARIL BURNS, 5.30.08 562-663

Cayure Proce 8