

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733596

FILED  
Mar 30, 2011  
Secretary of State

**Entity Name:** ABILITIES RESOURCE CENTER OF INDIAN RIVER COUNTY, INC.

**Current Principal Place of Business:**

1375-16TH AVENUE  
VERO BEACH, FL 329603768

**New Principal Place of Business:**

**Current Mailing Address:**

1375-16TH AVENUE  
VERO BEACH, FL 329603768

**New Mailing Address:**

FEI Number: 59-1626205

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRADLEY, CHARLES  
1375 16TH AVENUE  
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: COB  
Name: BRACKENS, AJ  
Address: 1375 16TH AVE  
City-St-Zip: VERO BEACH, FL 32960

Title: D  
Name: LINDSEY, ROBB  
Address: 3910 US1 / #1  
City-St-Zip: VERO BEACH, FL 32960

Title: VD  
Name: PICKEN, WILLIAM  
Address: 1910 TARPON LANE #204  
City-St-Zip: VERO BEACH, FL 32960

Title: D  
Name: BURNS, MICHAEL  
Address: 1375 16TH AVE  
City-St-Zip: VERO BEACH, FL 32960

Title: EXDD  
Name: BRADLEY, CHARLES  
Address: 1375 16TH AVE  
City-St-Zip: VERO BEACH, FL 32960

I hereby 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 all other like empowered.

SIGNATURE: CHARLES BRADLEY

EXDD

03/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date