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FILED

Mar 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 735760 (1)

1. Corporation Name

INDIAN RIVER COUNTY COUNCIL OF COMMUNITY SERVICE  
S, INC.

Principal Place of Business

Mailing Address

1900 27TH STREET  
VERO BEACH FL 32960  
USP.O. BOX 1793  
VERO BEACH FL 32961-17933. Date Incorporated or Qualified  
05/06/19763a. Date of Last Report  
03/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

24 25 29 30

4. FEI Number

59-2010721

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCANN, CECIL V  
1900 27TH STREET  
VERO BEACH FL 32960

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD  
NAME MCCANN, C V  
STREET ADDRESS 1900 27TH STREET  
CITY-ST-ZIP VERO BEACH FL 32960☐ DELETE1.1 TITLE PD  
1.2 NAME Katherine Nail  
1.3 STREET ADDRESS 3975 20th St., Suite D  
1.4 CITY-ST-ZIP Vero Beach, FL 32960☐ Change☒ AdditionTITLE PD  
NAME DEASON, JUDY  
STREET ADDRESS 4055 41ST AVENUE  
CITY-ST-ZIP VERO BEACH FL 32960☒ DELETE2.1 TITLE SD  
2.2 NAME Tia Beinhower  
2.3 STREET ADDRESS 1350 39th Avenue  
2.4 CITY-ST-ZIP Vero Beach, FL 32960☐ Change☒ AdditionTITLE VD  
NAME SUDBROCK, FLO  
STREET ADDRESS 510 ORANGE AVENUE  
CITY-ST-ZIP FORT PIERCE FL 34948☒ DELETE3.1 TITLE VD  
3.2 NAME Ryan Edward VanBuren  
3.3 STREET ADDRESS 2506 17th Avenue  
3.4 CITY-ST-ZIP Vero Beach, FL 32960☐ Change☐ AdditionTITLE SD  
NAME RITCHIE, LENORA  
STREET ADDRESS 1111 36TH STREET  
CITY-ST-ZIP VERO BEACH FL 32960☒ DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP☐ Change☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Tia Beinhower Secretary D TIA BEINHOWER

Date

2/27/97

Daytime Phone # 0020648

(561) 567-7065

CP2E037 (9/96)