


FILE NOW: FILING FEE IS \$61.25

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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **735760** (1)
1. Corporation Name
**INDIAN RIVER COUNTY COUNCIL OF COMMUNITY SERVICE
S, INC.**

Principal Place of Business
**1900 27TH STREET
VERO BEACH FL 32960
US**

Mailing Address
**P.O. BOX 1793
VERO BEACH FL 32961
US**



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	05/06/1976
4. FEI Number	59-2010721
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	MCCANN, C V
STREET ADDRESS	1900 27TH STREET
CITY-ST-ZIP	VERO BEACH FL 32960
TITLE	PD
NAME	NALL, KATHERINE
STREET ADDRESS	3975 20TH ST., SUITE D
CITY-ST-ZIP	VERO BEACH FL
TITLE	SD
NAME	BEINHOWER, TIA
STREET ADDRESS	1350 39TH AVE.
CITY-ST-ZIP	VERO BEACH FL
TITLE	VD
NAME	VANBUREN, RYAN E
STREET ADDRESS	2506 17TH AVE.
CITY-ST-ZIP	VERO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PP
1.2 NAME	RYAN EDWARD VAN BUREN
1.3 STREET ADDRESS	2506 17TH AVE
1.4 CITY-ST-ZIP	VERO BEACH, FL. 32960
2.1 TITLE	VD
2.2 NAME	BONNIE KENNEY
2.3 STREET ADDRESS	P.O. BOX 92
2.4 CITY-ST-ZIP	VERO BEACH, FL 32961
3.1 TITLE	SD
3.2 NAME	MAGGIE MCCLESNEY
3.3 STREET ADDRESS	1725 17TH AVE
3.4 CITY-ST-ZIP	VERO BEACH, FL 32960
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 1-20-1998 561-770-5035

CR2E037 (10/97)