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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735760

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



2. Principal Place of Business 21 1028 20th Place Suite, Apt. #, etc. 22 Suite D City & State 23 Vero Beach Zip 24 FL	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 32960	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
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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 Judith A. Wakefield	82 Street Address (P.O. Box Number is Not Acceptable) 1028 20th Place	83	84 City Vero Beach	85 Zip Code FL 32960
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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

Judith A. Wakefield

3/26/99

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 NAME STREET ADDRESS CITY-ST-ZIP	TD MCCANN, C V 1900 27TH STREET VERO BEACH FL 32960	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TD WAKEFIELD, JUDITH A 1028 20TH PLACE, SUITE D VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAN BUREN, RYAN EDWARD 2506 17TH AVE VERO BEACH FL 32960	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PD KEENEY, BONNIE 2206 16th AVENUE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KENNEY, BONNIE PO BOX 92 N/A VERO BEACH FL 32961	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VD ROSENBERG, LORETTA 421 12th PLACE SE VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCLESNEY, MAGGIE 1725 17TH AVE VERO BEACH FL 32960	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SD VOLD, CARYN 855 21ST STREET VERO BEACH, FL #@ (c)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

Judith A. Wakefield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99

Date

561.770.5031

Daytime Phone #

CR2E037 (11/98)