

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90230 001 \*\*\*\*61.25

**DOCUMENT # 735760**

1. Entity Name

INDIAN RIVER COUNTY COUNCIL OF COMMUNITY  
SERVICES, INC.



Principal Place of Business

9002 SE BRIDGE RD  
HOBE SOUND FL 33455  
US

Mailing Address

P.O. BOX 1793  
VERO BEACH FL 32961

2. Principal Place of Business

PO Box 1793

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Beach, FL

4. FEI Number

59-2010721

Applied For

Not Applicable

Zip

32961

Country

Indian River

Zip

32961

Country

Indian River

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

WEISER, LOIS  
6160 NW NOLIA CT  
PORT SAINT LUCIE FL 34983

7. Name and Address of New Registered Agent

Name

Lois Weiser

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

6160 NW Nolia Ct

City

Pt. St. Lucie

FL

Zip Code

34983

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lois Weiser

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/04

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: TD  
NAME: SCOTTO, PANDORA  
STREET ADDRESS: 1424 US 1  
CITY-ST-ZIP: SEBASTIAN FL 32958 ☒ Delete

TITLE: PD  
NAME: LOFTUS, CHRIS  
STREET ADDRESS: 1847 14 AVENUE  
CITY-ST-ZIP: VERO BEACH FL 32960 ☒ Delete

TITLE: P  
NAME: FILIPPI, LISA T  
STREET ADDRESS: 333 17TH STREET SUITE W  
CITY-ST-ZIP: VERO BEACH FL 32960 ☒ Delete

TITLE: SD  
NAME: WARD, MARSHA  
STREET ADDRESS: 1111 36TH STREET  
CITY-ST-ZIP: VERO BEACH FL 32960 ☒ Delete

TITLE: WEISER, LOIS A  
STREET ADDRESS: 9002 SE BRIDGE RD  
CITY-ST-ZIP: HOBE SOUND FL 33455 ☐ Delete

TITLE: S  
NAME: MIKES, DELORES  
STREET ADDRESS: 161 ACADEMY TERR  
CITY-ST-ZIP: ORLANDO FL 32858 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: President  
NAME: Lois A. Weiser  
STREET ADDRESS: 6160 NW NOLIA CT  
CITY-ST-ZIP: PORT SAINT LUCIE FL 34983 ☐ Change ☐ Addition

TITLE: Vice President  
NAME: JOHN MAY  
STREET ADDRESS: 1900 27th ST  
CITY-ST-ZIP: VERO BEACH FL 32960 ☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE: Treasurer  
NAME: Melissa Mitchell  
STREET ADDRESS: 636 S. Wickham Rd Suite 204  
CITY-ST-ZIP: Melbourne, FL 32935 ☐ Change ☐ Addition

TITLE: Secretary  
NAME: Mary Jane Dorin  
STREET ADDRESS: 2043 14th Ave  
CITY-ST-ZIP: Vero Beach, FL 32960 ☐ Change ☐ Addition

12. 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 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:

Melissa Mitchell - Melissa Mitchell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/04

(472)

562-7999