# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2005**
**Secretary of State**

DOCUMENT# 735760

**Entity Name:** INDIAN RIVER COUNTY COUNCIL OF COMMUNITY SERVICES, INC.

**Current Principal Place of Business:**

PO BOX 1793
VERO BEACH, FL 32961 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1793
VERO BEACH, FL 32961

**New Mailing Address:**

**FEI Number: 59-2010721** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

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

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

MITCHELL, MELISSA M
2667 HOPI DR
MELBOURNE, FL 32935 US

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: MELISSA M. MITCHELL 04/30/2005
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete
Name: MAY, JOHN
Address: 1900 27TH ST
City-St-Zip: VERO BEACH, FL 32960

Title: T ( ) Delete
Name: MITCHELL, MELISSA
Address: 635 S. WICKHAM TD SUITE 204
City-St-Zip: MELBOURNE, FL 32935

Title: S ( ) Delete
Name: DORIA, MARY JANE
Address: 2043 14TH AVE
City-St-Zip: VERO BEACH, FL 32960

Title: P ( ) Delete
Name: WEISER, LOIS A
Address: 6160 NW NOLIA CT
City-St-Zip: PORT SAINT LUCIE, FL 34983

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: WELLS, LINDA
Address: 2425 20TH ST
City-St-Zip: VERO BEACH, FL 32960

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: WEISER, LOIS A
Address: 6160 NW NOLIA CT
City-St-Zip: PORT SAINT LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MELISSA MITCHELL T 04/30/2005
Electronic Signature of Signing Officer or Director Date