


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90043 015 \*\*\*\*70.00

<b>DOCUMENT # 735760</b> 1. Entity Name <b>INDIAN RIVER COUNTY COUNCIL OF COMMUNITY SERVICES, INC.</b>					
Principal Place of Business <b>PO BOX 1793 VERO BEACH, FL 32961 US</b>			Mailing Address <b>P.O. BOX 1793 VERO BEACH, FL 32961</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2010721</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>MITCHELL, MELISSA M 2667 HOPI DR MELBOURNE, FL 32935</b>				7. Name and Address of New Registered Agent Name <b>DOWDELL, CHERYL</b> Street Address (P.O. Box Number is Not Acceptable) <b>5926 62<sup>nd</sup> Lane</b> City <b>VERO Beach</b> <b>FL</b> Zip Code <b>32967</b>	
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 <i>Cheryl Dowdell</i> <b>CHERYL Dowdell Treasurer</b> <b>2/13/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WELLS, LINDA 2425 20TH ST VERO BEACH, FL 32960</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WELLS, LINDA 2576 CONDOVA AVENUE VERO BEACH FL 32960</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MITCHELL, MELISSA 635 S. WICKHAM TD SUITE 204 MELBOURNE, FL 32935</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DOWDELL, CHERYL 5926 62<sup>nd</sup> Lane VERO BEACH FL 32967</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S DORIA, MARY JANE 2043 14TH AVE VERO BEACH, FL 32960</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WEISER, LOIS A 6160 NW NOLIA CT PORT SAINT LUCIE, FL 34983</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ST LOUIS, JEAN 236 20TH Avenue VERO BEACH FL 32962</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: <i>Cheryl Dowdell</i> <b>CHERYL Dowdell</b> <b>2/13/06</b> <b>772-360-5700</b></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					