2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735760

FILED May 05, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: PO BOX 1793 649 CARAVAN TERRACE VERO BEACH, FL 32961 SEBASTIAN, FL 32958 US **Current Mailing Address: New Mailing Address:** P.O. BOX 1793 P.O. BOX 1793 VERO BEACH, FL 32961 VERO BEACH, FL 32961 US FEI Number: 59-2010721 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARDNER, MICHAEL T 649 CARAVAN TERRACE SEBASTIAN, FL 32958 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BAIRD, BUBS GARDNER, MICHAEL T Name: Name: 475 E. WAVERLY PL 7B Address: 649 CARAVAN TERRACE Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: SEBASTIAN, FL 32958 (X) Change () Addition Title: () Delete Title: GARDNER, MICHAEL T Name: Name: VERNAL, CYNTHIA R Address: 649 CARAVAN TERRACE Address: 2424 ATLANTIC BEACH BLVD. City-St-Zip: SEBASTIAN, FL 32958 City-St-Zip: FT. PIERCE, FL 34949 () Delete Title: Title: () Change () Addition CIASCA, ART Name: Name: 956 23 AVE Address: Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: () Delete Title: VΡ Title: () Change () Addition Name: ROBOTTI, T Name: 101 CAPRI AVE Address: Address: City-St-Zip: SEBASTIAN, FL 32958 City-St-Zip: Title: (X) Delete Title: () Change () Addition TALLEY, MIRA Name: Name: 1745 42ND SQ #101 Address: Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHAEL GARDNER PRES 05/05/2009