FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:44

DOCUMENT # 737148 (7)

1. Corporation Name

INDIAN RIVER EDUCATION PROGRAM, INC.

Principal Place of Business	Mailing Address
7735 COUNTY ROAD 512 FELLSMERE FL 32948 US	7735 COUNTY ROAD 512 FELLSMERE FL 32948 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1976
3a. Date of Last Report: 01/25/1994
4. FEI Number: 06-0950170 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SAVAGE, HAROLD E.
7735 COUNTY ROAD 512
FELLSMERE FL 32948

10. Name and Address of New Registered Agent

81 Name: JUDY E. WARGA
82 Street Address (P.O. Box Number is Not Acceptable): 7735 COUNTY ROAD 512
83
84 City: FELLSMERE, FL 85 Zip Code: 32948

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Judy E Warga — DATE: 2/27/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~AST~~	1.1 TITLE	VICE PRESIDENT, SEC/TREAS, DIRECTOR	☑ Change ☐ Addition
NAME	WARGA, JUDY	1.2 NAME		
STREET ADDRESS	7735 COUNTY ROAD 512	1.3 STREET ADDRESS		
CITY-ST-ZIP	FELLSMERE FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	LEARY, PATRICK D	2.2 NAME		
STREET ADDRESS	7735 COUNTY ROAD 512	2.3 STREET ADDRESS		
CITY-ST-ZIP	FELLSMERE FL	2.4 CITY-ST-ZIP		
TITLE	~~VD~~	3.1 TITLE		☐ Change ☐ Addition
NAME	~~STOLL, RICHARD H~~	3.2 NAME		
STREET ADDRESS	~~7735 COUNTY ROAD 512~~	3.3 STREET ADDRESS		
CITY-ST-ZIP	~~FELLSMERE FL~~	3.4 CITY-ST-ZIP		
TITLE	~~STD~~	4.1 TITLE		☐ Change ☐ Addition
NAME	~~SAVAGE, HAROLD E.~~	4.2 NAME		
STREET ADDRESS	~~7735 COUNTY ROAD 512~~	4.3 STREET ADDRESS		
CITY-ST-ZIP	~~FELLSMERE FL~~	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	EXEC VICE PRESIDENT, DIRECTOR	☐ Change ☑ Addition
NAME		5.2 NAME	MARK J. SANCHEZ	
STREET ADDRESS		5.3 STREET ADDRESS	7735 COUNTY ROAD 512	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	FELLSMERE, FL 32948	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Judy E Warga — 2/27/95 — 407-571-1205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038283