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

APPROVED AND FILED

95 APR 21 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 738353 (2)

1. Corporation Name

INDIAN ROCKS BEACH CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 188 INDIAN ROCKS BEACH FL 34635 US	P O BOX 188 N/A INDIAN ROCKS BEACH FL 34635 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1977
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2131292 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 309 16th Avenue
22: Suite, Apt. #, etc.
23: City & State: Indian Rocks Beach
24: Zip: 34635 25: Country

2a. Mailing Address
26: 309 16th Ave.
27: Suite, Apt. #, etc.
28: City & State: Indian Rocks Beach
29: Zip: 34635 30: Country

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~~

9. Name and Address of Current Registered Agent

ANTEKEIER, ANDY
309 16TH AVE
INDIAN ROCKS BEACH FL 34635

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 Zip Code

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 _____ DATE
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	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	GEISSLER, FRED	1.2 NAME	
STREET ADDRESS	131 LIVE OAK LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	ADAIR, PAM	2.2 NAME	
STREET ADDRESS	BOX 188 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, SUE	3.2 NAME	
STREET ADDRESS	1215 BAYSHORE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	ANTEKEIER, ANDY	4.2 NAME	
STREET ADDRESS	309 16TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MCGLAUGHLIN, CAROL	5.2 NAME	
STREET ADDRESS	108 21ST AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCK BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addiion
NAME	JOHNSTON, JOAN	6.2 NAME	
STREET ADDRESS	430 HARBOR DR S	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	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: Pamela A. Adair PAmela ADair, Treasurer 4-18-95 813 596 5477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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