

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **746424** (1)

1. Corporation Name

**ARTHRITIS ASSOCIATION OF INDIAN RIVER COUNTY, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 27 AM 11:13

Principal Place of Business

Mailing Address

1031-18TH ST. STE C  
BOX 2036  
VERO BEACH FL 32960-5588

1031-18TH ST. STE C  
BOX 2036  
VERO BEACH FL 32960-5588

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

03/26/1979

03/07/1994

4. FEI Number

59-1894292

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BACH, ADA G.  
1935 63RD CT.  
VERO BEACH FL 32966

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature typed or printed name of registered agent and file # (optional)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD  
NAME ADA G. BACH  
STREET ADDRESS 1935-63RD CT.  
CITY-ST-ZIP VERO BEACH FL

11 TITLE Treasurer/Director  Change  Addition  
12 NAME Abraham Alper  
13 STREET ADDRESS 1821 Mooringline Drive  
14 CITY-ST-ZIP Vero BEACH FL 32963

TITLE VD  
NAME CRAWFORD, CYNTHIA  
STREET ADDRESS 3860-20TH ST.  
CITY-ST-ZIP VERO BEACH FL

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE PD  
NAME CAROLYN PEELER  
STREET ADDRESS 655-21ST ST.  
CITY-ST-ZIP VERO BEACH FL

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE SD  
NAME DALY, RUTH  
STREET ADDRESS 926 5TH COURT  
CITY-ST-ZIP VERO BEACH FL

41 TITLE Secretary/Director  Change  Addition  
42 NAME Jane Burton  
43 STREET ADDRESS 2501 27th Ave.  
44 CITY-ST-ZIP Vero Beach FL 32960

TITLE VD  
NAME CHILBERG, JOHN  
STREET ADDRESS 501 RIVER DR  
CITY-ST-ZIP VERO BEACH FL

51 TITLE Vice-Pres./Director  Change  Addition  
52 NAME Betty Wolfe  
53 STREET ADDRESS 43 Plantation Dr. #101  
54 CITY-ST-ZIP Vero Beach FL 32966

TITLE D  
NAME PEIRCE, EDWIN  
STREET ADDRESS 1308 29TH AVE  
CITY-ST-ZIP VERO BEACH FL

61 TITLE Director  Change  Addition  
62 NAME Ada Bach  
63 STREET ADDRESS 1935 63rd Ct.  
64 CITY-ST-ZIP Vero Beach FL 32966

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)(k), Florida Statutes. I further certify that the information indicated on the 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 (changed), or on an attachment with an address.

SIGNATURE:

*Ada G. Bach*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 22/95* (407) 287-5877  
DATE